

## 2004 Application Summary

HUD Form 40076-COC-A

### Continuum of Care (CoC) Name: Clark County, Washington, Continuum of Care

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### Continuum of Care Geography

Geographic Area Name	6-Digit Code
Clark County	539011
City of Vancouver	531668

## CONTINUUM OF CARE NARRATIVE

### Exhibit 1: Clark County, Washington, 2004 Continuum of Care

#### 1. Clark County Continuum of Care's accomplishments:

During the last year, Clark County's forty Continuum of Care member agencies actively worked to prevent and reduce homelessness through the increased development of permanent affordable housing, better coordination and linkage of housing to supportive services, and policy changes to remove barriers to both development and coordination.

- McKinney-Vento funds were used to support three permanent housing projects and three transitional housing projects. In the past year, these six housing projects provided services along with housing to over 300 people.
- Of the 79 adults who left the supportive housing programs, 37% were employed and 97% moved into permanent housing. One family purchased a home through Habitat for Humanity, moving from homelessness to home ownership in three years.
- Of the people who left the supportive housing programs, 98% successfully accessed mainstream resources.
- McKinney funds were also used to support a street outreach program that largely serves the chronically homeless. In 2003, this program made 9,953 contacts with 3,517 individuals. Of those, 224 individuals were assisted into permanent housing.
- Local and state government have also played a significant role in implementing our Continuum of Care Strategy by providing approximately \$350,000 to expand street outreach, and to fund housing and supportive services such as drug, alcohol, and mental health treatment. HOME and CDBG funds were used for construction of 49 units of housing for very low-income households as well as tenant rental subsidies.
- Nine agencies including the street outreach program (Share's Project Access) provide data on homeless people to the Continuum's HMIS system. The Continuum's ability to generate unduplicated data has improved our planning and coordination.
- The Continuum also worked successfully with 12 area churches to provide overflow shelter this last winter.
- Our community has been particularly successful in leveraging the funds provided through the McKinney grants. During the past year, our award of \$873,000 leveraged an additional \$2,100,000 in state and local funding.
- Cascadia Village, a permanent supportive housing project, funded partially by McKinney funds, was completed and is fully leased. Kauffman Townhomes, funded in 2002, will be leased up at the end of 2004.

The Mews, the permanent supportive housing project that was funded in 2003, is moving forward on schedule for construction to begin this year.

- Continuum of Care agencies worked with Clark County staff to set priorities for a local housing fund. The fund, which is supported by document transfer fees, will generate approximately \$1.4 million this year. The fund provides operating support to 5 of the areas shelters and to 60 units of transitional housing for people who are homeless.

## 2. Planning process for developing a Continuum of Care strategy

**2.a. Lead entity:** The **Clark County Continuum of Care Plan** was developed by the *Continuum of Care Planning Group* (COCPG), a consortium of non-profit homeless service providers, state and local government agencies, faith community representatives, school homeless liaisons, business and neighborhood associations, as well as homeless and formerly homeless people. The COCPG represents all of Clark County (population: 345,238) including the incorporated cities of Battle Ground, Camas, La Center, Ridgefield, Vancouver, Washougal, Woodland, and Yacolt. The group meets monthly under the leadership of the Director of the Council for the Homeless who chairs meetings, acts as staff to the group, prepares agendas and minutes, and coordinates the McKinney-Vento application. The **Council for the Homeless** is a 501(c)(3) nonprofit organization with a mission to end homelessness in Clark County. The Council's volunteer Board of Directors, which includes representatives from local government, providers of homeless services, social service agencies, local businesses and other community groups, makes policy and funding recommendations to local government, coordinates systems change, and leads community priority and goal-setting for homeless services. The Council was established in 1989 through an inter-governmental agreement among the City of Vancouver, Clark County, and the Vancouver Housing Authority (VHA). The Council's Board members review and approve the COCPG's Continuum of Care priorities, project recommendations and goals.

**2.b. CoC planning process:** The Clark County COC planning has been ongoing since 1989 and is coordinated through the COCPG. Through these planning efforts, the community has developed a comprehensive system of prevention, outreach, supportive services, emergency shelter, transitional and permanent housing, and permanent supportive housing. The COCPG is linked through cross-membership with the Council for the Homeless, Emergency Shelter Clearinghouse Coalition, local government, service providers and many other local and regional planning groups.

The **Continuum of Care Planning Group (COCPG)** has met monthly since 1998 to identify critical gaps in services, prioritize needs and develop solutions. The COCPG involves a broad range of community stakeholders who develop strategies to prevent homelessness and meet the needs of homeless families and individuals, with the goal of ending homelessness in Clark County. Guest speakers present topical information on homeless issues at monthly COC meetings and COC members convene focus groups and community forums throughout the year to address homeless issues. A **Core Working Group (CWG)** meets specifically to discuss emerging issues and funding options for projects. Prior to the McKinney application they meet to assist in data collection with potential project applicants.

The **Emergency Shelter Clearinghouse Committee (ESC)** is a permanent COCPG committee, consisting of homeless service providers who meet monthly to coordinate the Emergency Shelter Clearinghouse, a telephone hotline and referral service for homeless people that coordinates access to shelter and collects data. Members include shelter managers, transitional housing staff, and formerly homeless people who share resources and strategize on meeting emerging needs. This group coordinates the effective utilization of *ServicePoint*, the HMIS maintained by Council for the Homeless. The committee also makes recommendations on an expanded Winter Severe Weather Plan, coordinates motel voucher programs for use when shelters are full, and organizes monthly training for community shelter staff and Clearinghouse volunteers. The Committee monitors shelter demand, operations and quality of service.

Recently, the COCPG elected to replace a number of its subcommittees (Transitional Housing, Permanent Supportive Housing, Supportive Services and Youth) with a new subcommittee on **Access to Mainstream Resources**. The COCPG also assigned liaisons to participate directly in existing mainstream advisory groups. The following is a partial list of mainstream and target population advisory groups to whom the COCPG provides liaisons:

Clark County Children's Community of Care	Greater Vancouver Interfaith Association
Clark County Food Bank Coalition	Mental Health Advisory Board
Clark County Youth Initiative	State Advisory Council on Homelessness
Community Action Advisory Board	SW Washington Workforce Development Council
Community Choices 2010	Substance Abuse Advisory Board
Developmental Disabilities Advisory Board	TANF/WorkFirst local planning area meetings
HIV/AIDS Consortium	Local Veterans Assistance Fund Committee
Human Services Council	Washington State Coalition for the Homeless

Coordination with regional Continuum of Care Applications. Clark County's homelessness is intertwined with homelessness in the Portland, Oregon, metropolitan area. It is influenced by an economy that attracts many desperate job-seeking families from other regions. Clark County's Continuum of Care participants attend regional meetings that address issues related to homelessness and housing, mental health, substance abuse, HIV/AIDS, and the correctional system. Recently representatives from the Clark County Continuum of Care began working with their counterparts in Multnomah, Washington, and Clackamas Counties in Oregon to develop a regional plan to serve homeless families based on the Gates Foundation Sound Families model in place in the Seattle-King County area.

2.c. Dates and Main Topic Information about the CoC Planning group is available on the Council for the Homeless website at [www.icfth.com/com](http://www.icfth.com/com). Meeting notices are e-mailed to close to 200 individuals, state and local government agencies, and homeless providers, and mainstream social service agencies

**Plenary Meetings of Continuum of Care Planning Group:**

<p><b>July 9, 2003:</b> Review of 2003 Continuum of Care Plan – goals and action steps; Moving to Work program; A&amp;D Recovery Programs.</p> <p><b>August:</b> No meeting.</p> <p><b>September 11:</b> Update on State TANF Program; Winter Overflow Shelter Planning</p> <p><b>October 8:</b> Homeless Outreach Grant; Winter Overflow Shelter Plan</p> <p><b>November 12:</b> School District Homeless Liaisons Report on Trends; Technical Assistance Collaborative speaker on CoC, homeless trends.</p> <p><b>December 10:</b> Accessing Mainstream Resources: SSA, VA, DSHS; Winter Shelter Update</p> <p><b>January 14, 2004:</b> Employment Programs for chronically or temporarily homeless; Homeless Street Count; Transit Plan</p> <p><b>February 11:</b> Longview CoC Update; Discuss Priorities for 2004-5 CoC; Homeless Street Count Outreach Plan; Solicit New Projects</p>	<p><b>March 10:</b> Presentation and Vote on Permanent Housing Project for 2004 CoC; Homeless Street Count Plan Update; Review Priorities and Accomplishments</p> <p><b>April 14:</b> Presentation on CoC Program Outcomes: Story House; Review CoC Priorities; Consolidated Plan</p> <p><b>May 12:</b> Discuss Day Center Concept; Adopt CoC priorities for 2004-05; Discuss SuperNOFA; review results of One-Day Count.</p> <p><b>June 9:</b> 211 Information &amp; Referral; Homeless Court Update; Winter Cots Update; CoC Update, Intro of HUD reps.</p> <p><b>July 14:</b> Review CoC Renewal Projects/Outcomes; Chronic Homeless Strategy; Access to Mainstream Resources.</p> <p>(Note: The Board of the Council for the Homeless met on July 8 to review and approve the final CoC priorities/project list.</p>
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***Committee Meetings:***

In addition to the Plenary Meetings, the Emergency Shelter Committee met monthly; the Winter Overflow Shelter subcommittee (including faith-based groups) met bi-monthly; the Core Working Group met semi-monthly, and as needed; the Council for the Homeless Board met monthly. The Access to Mainstream Resources Committee was launched in July 2004, following two meetings on access to mainstream resources in the plenary sessions.

## 2.d. COC participants HUD Form 40076 COC-B

Specific Names of COC <sup>1</sup> Organizations/Persons	(Geo. area represented) V= Vancouver CC=Clark County	Subpop. Reprsntd (SMI, SA, HIV/ AIDS, VETS, DV, Y)	Level of Participation (activity and frequency) in Planning Process (participation expressed in % of meetings attended)
<b>Federal Agencies:</b>			
Veterans Administration Homeless Liaison	Both	Vets	Monthly COCPG 75%, Special Issues Forums (100%), AMRC (New)
<b>State Agencies:</b>			
Dept. of Social & Health Services (DSHS) (WorkFirst/Homeless Liaison)	Both		Monthly COCPG (80%) AMRC (New)
Dept. of Corrections	Both		Monthly COCPG (50%)
<b>Local Government Agencies:</b>			
City of Vancouver (Comm. & Housing Services staff, CDBG/ HOME staff)	V		Monthly COCPG (100%)
Clark County Dept. of Comm. Services	Both	SMI, SA	Monthly COCPG (100%)AMRC (New)
Clark County Dept. of Corrections	CC	SMI, SA	Monthly COCPG (75%)
Clark County Community Action Program	Both		Monthly COCPG (100%)
Clark County Sheriff's Department	CC		Monthly COCPG (25%)
Clark Community Action Advisory Board	Both		Monthly COCPG (75%)
Clark County Mental Health Advisory Board	Both	SMI	Monthly COCPG (50%)
Clark County Substance Abuse Advisory Board	Both	SA	Monthly COCPG (25%)
Clark County Health Department	Both	HIV/ AIDS	Monthly COCPG (40%)
Vancouver Police Department	V		Monthly COCPG (25%)
<b>Public Housing Authority:</b>			
Vancouver Housing Authority	Both		Monthly COCPG (100%) Special Issues Forums (100%) AMRC (New)
<b>Other Public Agencies:</b>			
School District Homeless Liaisons (Vancouver SD, Evergreen SD, ESD 12)	Both		Monthly COCPG (100%)
<b>Nonprofit Organizations - Advocacy, Planning, Faith-Based Groups:</b>			
Clark County Alliance for the Mentally Ill/NAMI	Both	SMI	Monthly COCPG (80%)
Clark County Children's System of Care	Both	Y	Monthly COCPG (25%)
Clark County Food Bank Coalition	Both		Monthly COCPG (50%)
Coalition of Human Service Executives	Both		Monthly COCPG (100%)
Community Choices 2010	Both		Monthly COCPG (90%)
Council for the Homeless (Director, Board President, HMIS and Clearinghouse staff)	Both		Chair COCPG, CWG (100%) AMRC (new)
HIV/AIDS Consortium	Both	HIV/AIDS	Monthly COCPG (50%)
Human Services Council (Board President)	Both		Monthly COCPG (100%) AMRC (new)
Greater Vancouver Interfaith Association (represents 30+ churches)	Both		Monthly COCPG, Winter Shelter Comm. (100%)
<b>Nonprofit Organizations - Housing Developers:</b>			
Affordable Community Environments	Both	DD	Monthly COCPG (100%)
Columbia Non-Profit Housing	Both	SMI	Monthly COCPG (90%)
Columbia River Mental Health	Both	SMI, DD	Monthly COCPG, CWG (100%) AMRC (new)
Evergreen Habitat for Humanity	Both		Monthly COCPG (100%)
Inland Empire	Both	DD	Special Issues Forums: 100%
YW Housing (Director and staff)	Both	SA, DV	Monthly COCPG (100%) AMRC (new)

<sup>1</sup> Executive Directors or their designees (usually a housing or homeless liaison) are the core membership. Larger organizations send more than one person, depending on the agenda.



Specific Names of COC <sup>2</sup> Organizations/Persons	(Geo. area represented) V= Vancouver CC=Clark County	Subpop. Reprsntd (SMI, SA, HIV/ AIDS, VETS, DV, Y)	Level of Participation (activity and frequency) in Planning Process (participation expressed in % of meetings attended)
<b>Nonprofit Organizations - Service Providers:</b>			
ARC of Clark County	Both	DD	Monthly COCPG (50%)
Cascade AIDS Project	Both	HIV/AIDS	Monthly COCPG (50%)
Catholic Community Services	Both		Monthly COCPG (50%)
Columbia River Mental Health	Both	SMI	Monthly COCPG, CWG (100%)
Community Voice Mail	Both		Monthly COCPG (100%)
Emergency Shelter Clearinghouse Coordinator	Both		Chair, ESC Committee; CWG, Monthly COCPG (100%), AMRC (new)
Free Clinic of Southwest Washington	Both		Monthly COCPG (50%)
Home Ownership Center	Both		Monthly COCPG (50%)
Human Services Council (Board president)	Both		Monthly COCPG (90%)
Interfaith Treasure House	Both		Monthly COCPG (50%)
Janus Youth Programs	Both	Y	Monthly COCPG (60%)AMRC (new)
Mental Health Northwest	Both	SMI, SA	Monthly COCPG (100%)AMRC (new)
Northwest Justice Project	Both		Monthly COCPG (50%)
Open House Ministries	Both		Monthly COCPG, ESC (100%)
Salvation Army	Both		Monthly COCPG (100%)
Share (ED, Outreach and shelter staff)	Both		Monthly COCPG; CWG; ESC (100%) AMRC (new)
St. Vincent de Paul	Both		Monthly COCPG (100%)
Partners in Careers	Both		Monthly COCPG (50%)
YW Housing (Director and staff)	Both	SMI, SA, DV	Monthly COCPG, CWG (100%) AMRC (new)
YWCA of Clark County (Staff of Y's Care, SafeChoice, Independent Living Skills programs)	Both	DV, Y	Monthly COCPG (100%)
<b>Homeless/Former Homeless Persons:</b>			
Cheryl Potts-Nuñez	V		Monthly COCPG (25%)
Deborah Billings	V		Monthly COCPG (25%)
Kimberly Whitten	V		Monthly COCPG (50%)
Mila Quincy	V		Monthly COCPG; CWG (25%)
Patrick Kelly	V		Monthly COCPG; CWG (100%) Homeless Count
<b>Other Organizations:</b>			
Columbia Credit Union	Both		Housing Focus Group - annual
Key Bank	Both		Monthly COCPG (25%)
Vancouver Chamber of Commerce	V		Monthly COCPG (25%)
Vancouver's Downtown Association	V		Housing focus groups - annual
<b>Neighborhood Groups:</b>			
Vancouver Neighborhood Association Liaison	V		Monthly COCPG (100%)

**Subpopulations Key:** Seriously Mentally Ill (SMI), Substance Abuse (SA), HIV/AIDS, Veterans (VETS), Domestic Violence (DV), and Youth (Y), Developmentally Delayed (DD)

**+Participation Key:** Continuum of Care Planning Group (COCPG), Core Working Group of COCPG (CWG); Emergency Shelter Clearinghouse Committee (ESC); Access to Mainstream Resources Committee (AMRC – new committee established 7/04)

**Level of Participation:** The % reflects a sampling of attendance sheets over the last year. In general the Executive Director and/ or a designee participates at the level indicated. Some organizations send additional staff depending on the agenda topic.

<sup>2</sup> Executive Directors or their designees (usually a housing or homeless liaison) are the core membership. Larger organizations send more than one person, depending on the agenda.

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## COC Goals and System Under Development – HUD Form 40076 COC-C

**3.a. Chronic Homelessness Strategy/Goals:** The Clark County CoC uses the HUD definition of chronic homelessness. We have refined our chronic homelessness strategy over the past two years in conjunction with HUD's increased focus on this population. We have focused on improving our HMIS and data entry system so that we have a solid foundation for strategy development. In August 2004 we are updating the HMIS software to provide a focus on collecting information on people who meet the definition of chronically homeless.

**(1) Past Performance:** Over the past two years the Clark County and City of Vancouver have provided local general funds, and other targeted assistance funds to supplement federal and state funding for programs that serve chronically homeless people. The Department of Veterans' Affairs has also worked in cooperation with emergency shelters and outreach programs to identify chronically homeless veterans that are eligible for mainstream services. The Department of Veterans' Affairs estimates that 30% of the homeless are veterans.

**(a) Specific Actions our community has taken to end chronic homelessness:**

**1) Strengthened Street Outreach:** The PATH (Projects for Assistance in Transition to Homelessness) program administered by Mental Health Northwest has provided outreach to more than **390 chronically homeless** individuals since its inception in December 2002. PATH provides mental health and case management services to people on the street, in campgrounds, and other places frequented by homeless people, as well as to people staying at area shelters. Share's Outreach, another McKinney funded program connected with approximately **1900 chronically homeless** adults last year, providing them service referrals and financial assistance for basic needs. Share was able to expand its outreach efforts with additional funding from the City of Vancouver. Last year Share's outreach staff assisted **224 individuals** with obtaining permanent housing, including relocation assistance. The Department of Veterans' Affairs provides an outreach van that goes out into the community with a focus on meeting and serving chronically homeless veterans.

**2) Prioritized Transitional and Permanent Supportive Housing:** In 2001, the CoC adopted a Strategic Housing Plan that called for the creation of 1250 new units of housing for people with incomes below 30% AMI (area median income). By December, 2003, the community had successfully created 638 subsidized units. Increasingly we are linking services to this housing so that a greater percentage of it is considered supportive housing.

The *Way Home*, a project of Mental Health Northwest initiated in December 2002, provides permanent housing for chronically homeless individuals who have long-term chemical dependency and/or psychiatric disabilities. The *Way Home* has served a total of **19 clients** to date, with 6 on the waiting list.

*Story Street*, a project of YW Housing, began in 2002 with original funding for 20 individuals. Leveraged funding from a variety of sources has enabled the project to double its capacity to serve **40 individuals and families**. *New Dreams*, a project of Columbia River Mental health, provided housing subsidies and mental health services to **six chronically homeless persons**, two more people than project in the original grant.

The Department of Veterans' Affairs operates a Community Reintegration program that helps eligible veterans access housing and develop life skills. Last year 250 homeless veterans received housing and case management in the VA Transitional Lodging Unit. Another 75 veterans and their families received rental subsidies, along with supportive services. Another 30 veterans received support in group living situations.

**3) Systematic Connection to Mainstream Resources and Services:** The Continuum of Care agencies have focused on a systematic approach to connecting chronically homeless people to mainstream resources.

**Mental Health Treatment:** Of the 56 chronically homeless people served by Columbia River Mental Health's day treatment program, 27 progressed by requiring a lower level of treatment. Incarceration rates were reduced by 94.1%, and the frequency of emergency room visits also decreased. Since January 2004, the Wellness Project, a free mental health clinic developed by Mental Health Northwest has served 320 clients, many of who are homeless or at risk of homelessness. By September, 2004, this largely volunteer and student run clinic will be able to provide over 240 hours of free counseling and case management services each week.

**Vocational/Workforce Outreach:** Columbia River Mental Health's *Hope Vocations Progress* program

**expanded vocational outreach** services to two additional family shelters. Weekly orientations about vocational services provide shelter residents an entry point for employment and training services as well as information on job leads and community resources. Of the 325 people who attended orientations between October 2002, and September 2003, 23% (75 people) were placed in competitive employment.

**4) Collaborative Funding Proposals for Chronic Homeless Programs:** While this community prides itself on its ability to work together to solve problems, in the last year there has been even more focus on collaborative funding proposals for programs that serve chronically homeless individuals. For example, Clark County staff worked in partnership with local non-profits housing and service providers to develop a proposal for SAMSHA funds that would provide substance abuse and mental health services to chronically homeless individuals.

**(b) Impact on the Number of Chronic Homeless:** Last year's CoC application estimated 361 chronically homeless individuals in Clark County, based on the prior year's street count, HMIS data, and data from providers. This year's one-day street count (March 16, 2004) found 1,431 individuals who were homeless, both sheltered and unsheltered. Of these, 154 identified themselves (or were identified through HMIS check) as chronically homeless. We see this as an indication that our coordinated system of street outreach that connects chronically homeless people to mainstream resources and permanent supportive housing is helping to reduce chronic homelessness. However, despite these efforts, requests for services and housing continue to rise, due in part to our high unemployment rate and the lack of affordable housing. More than 22,000 households in Clark County pay more than 30% of their income for housing and many shelter residents have become homeless due to unemployment or underemployment. Also, a new phenomenon is that many of the people in shelters are employed. Additionally, our proximity to the Portland-Metro area results in an influx of chronically homeless people from other areas.

**(c) Remaining obstacles to achieving this goal.** Despite our community's progress, obstacles remain. One of the obstacles we face is that the Pacific Northwest has among the highest unemployment rates in the nation, ranging from 7-9% over the last year. At the same time, Clark County is one of the fastest growing counties in the nation, with a growth rate of 11% between from 2000 to 2004. People who are chronically homeless move from place to place within the Vancouver-Portland region, based on the availability of services. Over the past few years social service cuts in Oregon have contributed to move movement of homeless people to Vancouver.

The biggest obstacles to ending chronic homelessness in Clark County are:

- The lack of housing that is affordable to people who earn less than 30% of the Area Median Income
- Reduced funding and services available from mainstream resources, particularly in the areas of health care, mental health and addiction programs
- Voter approved tax limitation measures that reduce tax revenues
- High unemployment (13,700 unemployed people in Clark County) with little job growth in high wage jobs

## **(2) Current Chronic Homelessness Strategy**

In 2001, this community developed a Strategic Housing Plan as a means to guide the Continuum of Care planning process. Even though this plan was developed prior to the federal government's focus on relieving chronic homelessness, this adopted plan is a good foundation for our current strategy.

In the last year, we have seen success with our chronic homeless strategy. Based on our March 2004 point of time street count and HMIS data on individuals sheltered there are approximately 154 chronically homeless individuals in Clark County. Of these, 131 are unsheltered, and 23 are sheltered. (Refer to CoC: Homeless Population and Subpopulation Chart for detail.)

The foundation of the chronic homelessness strategy is a "housing first" approach that focuses on moving individuals with disabilities into a supportive housing environment as quickly as possible. We have also strengthened our street outreach program because we have found that the street outreach component is essential. What we have learned is that it takes time to establish relationship and trust with chronically homeless individuals. Our street outreach teams often must work for months to develop a

trusting relationship – which is the first step in working with individuals to get them the housing and support they need. The elements of our strategy include:

- 1) **A strong street outreach program, which includes outreach to youth;**
- 2) **Permanent supportive housing – combined tenant-based rental subsidies with case management and other supportive services;**
- 3) **Systematic approach to accessing mainstream resources and services;**
- 4) **Day treatment for chronically homeless people with co-occurring disorders;**
- 5) **Intensive case management (PACT program);**
- 6) **Collaborative funding proposals for housing and service programs that target chronically homeless individuals.**

To end homelessness by 2012 we will continue to monitor and evaluate our program outcomes. We will also evaluate and update our strategy based on both our program outcomes and economic conditions. For example, this year we added two components to the strategy: 1) a systematic approach to accessing mainstream resources, and 2) collaborative funding proposals that serve chronically homeless individuals. We need to maintain an adequate level of funding for programs that are successful.

Our CoC's specific goals in the area of ending chronic homelessness by 2012 include: increasing the supply of permanent housing, both subsidized and supported, affordable to people at or below 30% AMI; improved support to gain access to housing for those with poor housing histories, addictions and other service needs; coordinated outreach to homeless people to help them access services; additional support and funding for health and addiction services for homeless individuals; increased coordination and access to mainstream resources (SSI, SDI, employment, etc.); monitoring and evaluation of outcomes and HMIS data to identify changing needs; enhanced HMIS system; and increased participation in the CoC by all sectors of community, from chronically homeless people to mainstream service providers and government representatives.

### **(3) Future Goals & action steps for ending *chronic* homelessness:**

Goal: To End Chronic Homelessness	Action Steps	Responsible Person/Org.	Target Dates
Goal C1: Increase the supply of permanent housing that is affordable to people at 30% and below of Area Median Income, including subsidized & supported	C1.1 Apply for funding & build new affordable housing to serve chronically homeless/disabled individuals.	YW Housing, ACE, Columbia Nonprofit Housing, VHA	Report to COCPG 10/04; 4/05; 10/05
	C1.2 Apply for Mainstream, Fair Share, Welfare to Work and other vouchers.	Vancouver Housing Authority	As available
	C1.3 Apply for McKinney capital funding, SHP permanent rental subsidies and Shelter+Care for disabled individuals.	YW Housing, Mental Health NW, VHA, Col. River Mental Health	7/04; 7/05
	C1.4 Report on the implementation of HB 2060, which provides capitol & operating revenue for housing for people at 50% of AMI and below, ensuring that chronically homeless people are among those served.	County CDBG/ HOME program	1/05; 1/06 report to COCPG
	C1.5 To strengthen no-net-loss of affordable housing policy, request reports from Clark County, City of Vancouver & VHA regarding (1) development/demolition plans of housing affordable to households below 30% AMI & (2) distribution of CDBG/HOME funds & Section 8s to serve people who are homeless or below 30%.	Council for the Homeless will request reports.	Progress report to COCPG 11/04, 2/05; 11/05



	C1.6 Look to mainstream sources (mental health, public health, substance abuse, State funds) to fund housing subsidies, including shallow subsidy programs.	Council for the Homeless/Access to Mainstream Resources Committee	COCPG report quarterly 10/04; 1/05; 4/05; 7/05 + 10/05
	C1.7 Using City of Vancouver CDBG funds, pay for short-term housing costs for chronically homeless single women (& evaluate outcomes).	Share	8/04 1/05 – evaluate outcomes
	C1.8 Work with HUD to explore below-market housing opportunities for purchase.	Clark County CDBG/HOME staff	COCPG report 2/05
	C1.9 Support policy to ensure new housing supply is built with energy efficiency to prevent high utilities causing housing to become unaffordable	Clark Co. CDBG/HOME; City of Vancouver CDBG staff	Ongoing
Goal C2: Improve access to housing for chronically homeless persons with poor housing histories, chemical addictions, or high intensity service needs	C2.1 Continue “Ready to Rent” program (tenant education, tenant rights classes). Evaluate outcomes (4 & 12/05)	YW Housing	COCPG report 9/04; 4/05 12/05
	C2.2 Continue to expand group of cooperative landlords who will accept high-risk residents. Coordinate effort with other agencies. Increase number of units available.	Share/Outreach; CRMH/New Dreams; Mental Health Northwest, Columbia River Mental Health	10/04; 6/05 Report to COCPG
	C2.3 Continue to apply for State THOR funds to sustain transitional and permanent housing programs.	Share/YW Housing	As available.
	C2.4 Implement a Homeless Court. Shelter outreach by Volunteer Lawyers program to assist.	Prevention sub-committee, Volunteer Lawyers, NW Justice	8/04 Report 8/05
	C2.5 G1.5 Continue working at the State and regional level to develop a comprehensive service and housing program for homeless families. Currently looking at Sound Families as a model.	Council for the Homeless, Clark County DCS, VHA, Providers, Regional government programs, Washington State Legislator.	Work ongoing through 2005, Report quarterly to COC
Goal C3: Ensure coordinated effective outreach to homeless persons having difficulty accessing services	C3.1 PATH worker, Way Home staff, and PACT team representatives report on outreach to chronically homeless individuals, housing and treatment outcomes.	Mental Health NW	9/04; 2/05; 11/05
	C3.2 Apply for renewal SHP funding (if outcomes support) for street outreach serving homeless families with disabilities/chemical addictions	Share/Outreach	7/04; 7/05
	C3.3 Explore ways to expand outreach to outlying areas in County.	COCPG	12/04
Goal C4: Improve access to treatment for chronically homeless persons: mental health, chemical dependency, and medical/dental/vision	C4.1 Apply for federal and regional private & public funding to expand and strengthen drug and alcohol treatment systems.	Clark County Drug & Alcohol; Open House Ministries; CRMH; Mental Health NW	7/04 and as available
	C4.2 Continue monthly shelter staff training to enhance shelters’ capacity to serve mentally ill & chemically dependent clients.	Emergency Shelter Clearinghouse Committee	Monthly
	C4.3 Apply for funding from federal main stream resources such as SAMSHA etc,	Clark County; CRMHS, Drug & Alcohol Services	As available
	C4.5 Develop a County Community Services and Health Facility with one-stop alcohol, drug, and mental health treatment.	Clark Co. Dept of Comm. Services	6/05

Goal C5: In order to increase income — enhance access to employment, Mainstream resources and education/vocational opportunities	C5.1 Invite community representatives to COCPG meeting to address how to enhance and expand vocational/employment opportunities for chronically homeless persons. Include opportunities that they can step directly into, such as transitional employment and day labor.	Hope Vocations Progress, Partners in Careers, Open House Ministries, Workforce Development Council, WorkSource, Div. Voc. Rehab. Job Corps, ESD 112, Clark College, Goodwill Industries, Seattle's Millionaire Club	1/05
	C5.2 Promote existing employment and vocational programs that serve chronically homeless persons.	COC PG, agency websites	12/04; 9/05
	C5.3 Attend Workforce Development Council meeting to advocate for more services for chronically homeless.	CFTH Director and/or COC rep	As available
Goal C6: Ensure that existing services are effective & responsive to the needs of chronically homeless individuals and changing community needs.	C6.1 Ensure that McKinney-funded projects have a feedback loop (such as anonymous annual or exit survey or focus groups) <u>and</u> that they have linkages to permanent housing.	COC PG, Contractors	Annual reports 2/05; 2/06
	C6.2 Continue to evaluate effect of City of Vancouver's Social Service Siting Ordinance on chronically homeless individuals and the agencies that serve them. Call to action as needed.	COC PG	Annual Report, 1/05
	C6.3 COCPG continue evaluating existing and needed projects and services. Annual review of McKinney projects. Make specific recommendations to COC	COC PG	7/04, 2/05; 2/06
	C6.4 Annual presentation to COCPG on outcomes/effectiveness by McKinney-funded projects that serve chronically homeless persons.	COC Core Working Group	7/04, 3/05; 3/06
	C6.5 Continue Emergency Shelter Clearinghouse Committee (ESCC) peer review of shelters.	ESC Coordinator, CFTH	Bi-annual review of ea. shelter.
Goal C7: Plan for outcomes: Collect data that allows COCPG to identify the most effective strategy for reducing chronic homelessness	C7.1 Bi-annual survey of people who are homeless/at risk. Coordinate with adjoining counties' surveys. Include youth survey.	CFTH/Outreach	1/05; 1/06
	C7.2 Secure funding to expand and maintain HMIS system to homeless service-providers and mainstream programs, including HUD renewal funding.	Council for the Homeless/ CHANGE program	as available
	C7.3 Input data on discharge info from mainstream programs to determine if links to chronic homelessness. Include: mental health and substance abuse providers, Dept. of Corrections.	Council for the Homeless/Emergency Shelter Clearinghouse, HMIS users	County Commissioners City Council, COCPG 12/04; 12/05
	C7.4 Conduct 5-year peer-reviewed study of chronic homelessness.	Open House Ministries	Annual report to COCPG; 9/04
	C7.5 Expand the number of agencies that are connected to the HMIS, including faith communities.	Council for the Homeless, Greater Vancouver Interfaith Association	12/04; 12/05
	C7.8 Update HMIS software program to include more variables to identify chronically homeless	Council for the Homeless	8/04
Goal C8: Increase participation in COC development by chronically	C8.1 Meet with chronically homeless/ formerly homeless adults, and clients of homeless services. Invite/involve in COC planning.	YW Housing, Columbia River MH, Share	Semi-annual reports to COCPG: 1/05, 7/05

homeless/formerly homeless persons, mainstream resources that serve them and representatives from businesses, neighborhoods, and the faith community.	C8.2 Continue to involve in the COCPG staff from mainstream as well as homeless-targeted resources that serve chronically homeless people.	Council for the Homeless	Ongoing
	C8.3 Incorporate homeless issues into the City & County's Consolidated Plan.	COCPG	12/04
Goal C9: Develop a 10-Year Plan to End Homelessness	C9.1 Review and update Strategic Housing Plan	COCPG	10/04-2/05
	C9.2 Convene focus groups	COCPG	12/05
	C9.3 Present to County Commissioners, City Council	COCPG	6/05

**(4) Coordination:** Clark County, the City of Vancouver and the Vancouver Housing Authority are joint funders of the Council for the Homeless, and as such, have designated this non-profit organization with the coordination of homeless planning in the area. All parties work together collaboratively to develop and implement strategies to end homelessness. The community's Strategic Housing Plan, which was developed in 2002, is endorsed as the foundation for the Community's 10-year Plan to End Homelessness. In the next year we will update it and formalize it as the CoC's 10-Year Plan to End Homelessness.

### 3. b. Other Homeless Goals Charts

#### (1) Accomplishments

##### **Increased Supply of Affordable Housing:**

- Azalea Place, a 12-unit HUD 811 project was placed into service in December 2003. The Vancouver Housing Authority manages the project, which has a 5-year subsidy contract. Mental Health Northwest provides case management and services to the chronically mentally ill residents.
- ACE completed Cascadia Village that provides housing for 50 families with incomes at or below 50% MFI.
- Share received additional funding for tenant-based rental assistance that provided housing for 30 families.
- Three permanent housing projects are under construction. When completed in Spring 2005, they will provide housing for 240 individuals below 60%MFI. Twenty-five of the units will be designated for people transitioning from homeless shelters.

##### **Prioritization of Local Resources to Support Permanent Housing and Emergency Services:**

- Proceeds from a document recording fee exceeded expectations, in the last year the fund has generated \$1.4 million. The community established priorities to use the funds for land acquisition, construction, or rehabilitation of affordable housing units.
- The City and County, through its citizen advisory board, awarded over \$350,000 in local human service dollars to support shelter, transportation, and outreach to individuals who are homeless.

##### **Expansion of access to housing for homeless individuals:**

- **Share** was able to increase services to 100 single homeless women as a result of increased funding from the City of Vancouver.
- The **Vancouver Housing Authority** created a local preference for homeless individuals and families leaving HUD-defined transitional housing programs. This resulted in 12 individuals and families successfully moving from transitional housing to Section 8 Voucher Choice program during the last year.
- **SHARE** was awarded additional HOME funding to provide housing subsidies to an additional 10 households, doubling the capacity of McKinney funded Story Street.

##### **Increased Mental health care and drug and alcohol services:**

- When the limitations for mental health services were announced last year, the community responded by developing a Wellness Clinic that provides free mental health treatment.
- Clark County is developing a center for Community health which will house a crisis triage center and 100 additional detoxification beds.

**Expansion of HMIS:**

- Our Continuum of Care was one of the first in the Northwest to implement an HMIS, and we are expanding each year to cover more homeless programs and services. Last year a combination of McKinney, CDBG and foundation support, allowed us to expand HMIS to 4 additional agencies, increasing our coverage of the continuum of care to 56% of individual and family beds

**Improved Regional Coordination on Homeless Issues:**

- Clark County and the Council for the Homeless worked in collaboration with regional partners in Oregon to receive a planning grant to develop a program model to serve homeless families.
- Clark County staff participates in the Washington State planning to help alleviate the problems of homeless families.

**(2) Goals & Action Steps For Ending Other Homelessness**

Goal: Other Homelessness	Action Steps	Responsible Person/Org.	Target Dates
Goal G1: Prevent individuals, families, & youth from either becoming homeless or cycling in & out of homelessness	G1.1 Evaluate effectiveness of existing prevention services	COC PG	Annual report 2/05; 2/06
	G1.2 Apply for state and local funds to provide rental assistance for homeless and at-risk families and individuals.	Clark County	As available
	G1.3 Regularly invite representatives of Mainstream Programs (Corrections, Human Services, etc.) to strategize on better coordination with homeless assistance.	Access to Mainstream Resources Committee	11/04; 11/05
	G1.5 Expand mortgage default counseling	Home Ownership Center	As funds allow
	G1.6 Outreach to Landlord Association to inform them about available resources.	Mental Health Northwest/PATH	Ongoing
	G1.4 Increase/enhance prevention services including: rent/utility assistance; security deposits; transportation (car repair, gas vouchers); weatherization & minor home repair; food assistance; health (mental, dental, prescriptions, vision).	Salvation Army, Interfaith Treasure House, St. Vincent dePaul, Clark County Veterans Fund, Cascade AIDS Project, YWCA SafeChoice, Clark County Alcohol & Drug, Columbia River MH, Mental Health NW	Report to COCPG 9/04; 9/05
	G1.5 Continue working at the State and regional level to develop a comprehensive service and housing program for homeless families. Currently looking at Sound Families as a model.	Council for the Homeless, Clark County DCS, VHA, Providers, Regional government programs, WA State Legislator.	Work ongoing through 2005, Report quarterly to COC

Goal G2: Increase the supply of permanent housing that is affordable to homeless households at 30% and below of Area Median Income, including subsidized & supported.	G2.1 Apply for capital funding and build new affordable housing that will serve homeless individuals and families.	YW Housing, ACE, Habitat for Humanity, Columbia Nonprofit Housing, VHA	Report to COCPG 7/04, 5/05
	G2.2 Apply for Mainstream, Fair Share, Welfare to Work and other vouchers.	Vancouver Housing Authority	As available
	G2.3 Apply for renewal of transitional & permanent housing projects.	Mental Health NW, Columbia River Mental Health, VHA	7/04; 7/05
	G2.4 Report on the implementation of HB 2060, which will provide capital and operating revenue for housing for people at 50% of median income and below.	County CDBG/ HOME program	1/05; 1/06 report to COCPG
	G2.5 In order to strengthen policy regarding no-net-loss of affordable housing, request report from Clark County, City of Vancouver, & VHA regarding (1) development/demolition plans of housing affordable to households at 30% of AMI & below and (2) distribution of CDBG & HOME funds and Section 8s to serve people who are homeless or below 30% of AMI.	Council for the Homeless	Progress report to COCPG 11/04; 11/05
	G2.6 Explore opportunities to purchase HUD below-market housing.	Clark County CDBG/HOME staff	COCPG report 9/04
	G2.7 Open Kauffman Townhomes, transitional and permanent housing for homeless families and individuals.	YW Housing, VHA	Fall 2004
	G2.8 Increase number of houses for sale to formerly homeless individuals, families in transitional housing, and persons at 25-30% of Area Median Income.	Evergreen Habitat for Humanity. Goal: five more houses by the end of 2004.	report to COCPG 12/04
	G2.9 Reports to COCPG on implementation of 5-year <b>Strategic Housing Plan</b> . (will be superseded by 10-Year Plan to End Homelessness)	Council for the Homeless	11/04, 5/05, 11/05
	G2.10 Enhance crossover participation of regional planning groups to ensure coordination of planning: Clark County, cities, VHA, special needs advisory boards, youth-related groups, CFTH and Coalition of Service-Providers.	COC Core Working Group	COCPG report: 2/04; 2/05
Goal G3: Ensure coordinated effective outreach to homeless persons having difficulty accessing services	G3.1 Develop street outreach program specifically targeting homeless and runaway youth. COCPG panel with regional youth providers, school homeless liaisons.	COCPG, Janus Youth Program	2/05
	G3.2 Apply for renewal SHP funding for street outreach serving homeless families with disabilities/chemical addictions.	Share/Outreach	7/04; 7/05
	G3.3 Explore ways to expand outreach to outlying areas in County.	COCPG	Report to COCPG 12/04
Goal G4: In order to increase income — enhance access to employment, Mainstream resources and	G4.1 Special panel at COCPG meeting to address enhancing & expanding vocational/employment opportunities for homeless persons. Include opportunities that they can step directly into, such as transitional employment and day labor.	Hope Vocations Progress, Partners in Careers, Open House Ministries, Workforce Development Council, WorkSource, Voc. Rehab., Job Corps, ESD 112, Clark College, Goodwill, Seattle's Millionaire Club	1/05

education/vocational opportunities	G4.2 Promote existing employment and vocational programs that serve chronically homeless persons.	COC PG, agency websites	COC PG report 12/04
	G4.3 Attend Workforce Development Council meeting to advocate for more services for homeless persons.	CFTH Director and/or COC rep	As available
Goal G5: Improve access to existing housing for homeless and low income households, including families and individuals with poor housing histories, chemical addictions, or high intensity service needs	G5.1 Develop and implement a “housing first” strategy to ensure that families are re-housed as quickly as possible. (request technical assistance)	COC PG	Request TA 10/04
	G5.2 Continue to provide hsg. rental assistance to families/individuals leaving shelters & transitional hsg. for private market.	ESC Committee	COC PG report to 10/04, 6/05
	G5.3 Keep an updated list of resources for security deposits and first month rents for homeless households. Advocate for additional resources	ESC Committee	Report to COCPG 10/04, 6/05
	G5.4 Advocate allowing agencies that help homeless people with credit problems to obtain credit reports on the same basis as landlords and other merchants.	Open House Ministries, SHARE	Report to COCPG: 9/04
	G5.5 Promote Housing Connections and Aptfinder websites.	211 Info & Referral, CFTH websites	COC PG 10/04
	G5.6 Continue “Ready to Rent” program (tenant education, rights classes).	YW Housing	COC PG report 9/04
	G5.7 Expand number of cooperative landlords who will accept high-risk residents. Increase number of available units.	Share, YW Housing, Salvation Army, Col. River Mental Health, Open House Ministries	Report to COCPG ?
	G5.8 Apply for funding to begin rent-to-own home ownership program for extremely low income families.	Open House Ministries	Report to COC PG 6/04
Goal G6: Improve access to treatment for homeless persons: mental health, chemical dependency, and medical/dental/vision	G6.1 Apply for federal and regional private & public funding to expand and strengthen drug and alcohol treatment systems.	Clark County Drug & Alcohol; Open House Ministries; CRMH; Mental Health NW	7/04 and as available
	G6.2 Continue monthly shelter staff training to enhance shelters’ capacity to serve mentally ill & chemically dependent clients.	Emergency Shelter Clearinghouse Committee	Monthly
	C4.5 Develop a County Community Services and Health Facility with one-stop alcohol, drug, and mental health treatment	Clark Co. Dept of Comm. Services	6/05
Goal G7: Ensure that existing services are effective & responsive to the needs of homeless persons and changing community needs.	G7.1 Ensure that McKinney-funded projects have a feedback loop (such as anonymous annual/exit survey or focus groups) and that they have linkages to permanent housing.	COC PG, Contractors	Reports to COCPG, 2/05
	G7.2 Evaluate existing/needed projects/services; conduct annual review of McKinney projects; make specific recommendations to COC Core Group.	COC PG	Reports to COCPG, 3/05
	G7.3 Annual McKinney projects presentation to COCPG on outcomes.	COC Core Working Group	11/04, 5/05
	G7.4 Continue Emergency Shelter Clearinghouse Committee (ESCC) peer review of shelters.	ESC Coordinator, CFTH	Bi-annual review of each shelter.
	G7.5 Provide winter overflow shelter beds.	Greater Vancouver Interfaith, Share	11/04

Goal G8: Plan for outcomes: Collect data that allows COCPG to identify the most effective strategy for each sub-group of the homeless population.	G8.1 Biennial survey of people who are homeless/at risk. Coordinate with Multnomah county surveys.	CFTH/Outreach,	1/05
	G8.2 Plan for and secure funding to expand HMIS system to homeless service-providers and mainstream programs, including faith communities, and schools.	Council for the Homeless/ CHANGE ; CFTH, GVIA, Area school districts	Ongoing. Annual reports to COCPG: 10/04
	G8.3 Input data on discharge from mainstream programs to identify links to homelessness. Include: foster care, corrections, mental health, substance abuse, TANF.	Council for the Homeless/Emergency Shelter Clearinghouse, HMIS users	12/04
Goal G9: Increase participation in COC development by homeless/ formerly homeless persons, and representatives from business, neighborhoods, faith community, and mainstream resources.	G9.1 Meet with community stakeholders including: downtown businesses, homeless/formerly homeless adults & youth. Invite/involve in COC planning.	COCPG	Reports 10/04, 10/05
	G9.2 Continue to involve in the COCPG those responsible for mainstream as well as homeless-targeted resources.	Council for the Homeless	Ongoing
	G9.3 Conduct community forums on topics related to homelessness and housing.	COCCWG, CFTH , City/County Consolidated Plan	5/05, 10/05

### **Discharge Planning Policy Narrative HUD Form 40076 COC-D**

The Clark County Regional Support Network (RSN) has a liaison with Western Sate Hospital, the primary public mental health facility in the area, as well as with the local hospital psychiatric unit, who focuses on discharge planning for people leaving residential mental treatment. Not only does staff work with the hospitals regarding specific patient discharges, but also participates on local and state wide committees to refine the discharge policies. The policy is that NO ONE is discharged from mental health treatment unless they have a place to live. The RSN has access to several different residential facilities that not only provide mental health services but also connect with many different permanent housing options. In the past three years, there have only been three people who were discharged from intensive mental health treatment and went into the areas homeless shelters and these were as a result of personal choice.

The Clark County Community of Care works specifically with children and their families. Staff from the RSN work to keep children in the community, out of the hospital and foster care system, and work with each of those systems to assure a smooth transition from the more restrictive treatment into permanent housing.

Janus Youth Programs has recently received funding to provide a unique program that helps young adults (16-23) transition from foster care into the community.

Clark County also operates four different specialty courts, mental health (misdemeanor), drug court (felony), substance abuse court (misdemeanor), and homeless court. Staff and the judges recognize that without stable housing and treatment the person will likely re-offend.

As with other jurisdictions, Clark County has a problem with finding housing for level three sex offenders. The COC has been working with Washington State personnel to develop a comprehensive housing program to be used for people who are sexual offenders. Washington State requires a community notification process when a convicted sexual offender moves to the community. The state and local community members recognize that these offenders have always lived in our communities and that continued planning will not only assist law enforcement agency's efforts to protect the communities, but will also assist in solving a housing crisis.

### **Unexecuted Grants Awarded Prior to the 2003 Continuum of Care Competition HUD Form 40076 COC-E**

N/A – all prior year grants have been executed.

## COC Service Activity Chart HUD Form 40076 COC-F

### Fundamental Components in CoC System -- Service Activity Chart

#### Component: Prevention

##### Services in Place

##### ***Rental/Mortgage Assistance provided in 2003:***

- ***Salvation Army*** provided approximately 311 households with rent/mortgage assistance serving 1,029 individuals.
- ***Inter-faith Treasure House*** provided emergency rent/mortgage assistance to 60 households serving 170 individuals.
- ***St. Vincent de Paul Vancouver*** provided emergency rent/mortgage assistance to 190 families.
- The ***Clark County Veterans Assistance Fund*** provided emergency rent assistance to 129 veterans and their families.
- ***Cascade AIDS Project (CAP)*** provided emergency housing assistance to approximately 24 individuals.
- ***YWCA SafeChoice Program*** provided rent/mortgage assistance to approximately 20 families (48 individuals) who are domestic violence victims.
- ***North County Community Food Bank*** provided rent/mortgage assistance to 7 households.
- ***Legacy of Life*** provided housing assistance to 39 women.
- ***The Clark County Health Department's HIV/AIDS Case Management Program*** provided housing assistance to 39 individuals. The ***Clark County Department of Community Service's Positive Start*** program helped 15 women move into housing. ***Clark County Department of Community Service's*** Alcohol & Drug Program provided emergency housing assistance to 6 individuals with motel vouchers and 43 individuals with rent/mortgage or first month's rent/deposit assistance.
- ***Columbia River Mental Health*** provided 53 persons with rent/mortgage assistance and 57 households with motel vouchers for a total of 118 bed nights with motel vouchers in 2003.
- ***Share*** provided rental assistance to 37 people in 11 households.
- The ***Veteran's Administration's*** Community Reintegration Program provided Veteran's Per Diem assistance to 75 veterans their families. The VA also provided 6 different sites for group living for 30 veterans. They also provided a 38 bed Transitional Living Unit that served 250 veterans last year.
- A number of agencies provide motel vouchers to families and singles: ***Council for the Homeless*** provided vouchers to 66 families and 30 individuals; ***Salvation Army*** provided vouchers to 193 families and individuals. ***St. Vincent de Paul*** in Vancouver and in Brush Prairie provided a total of 147 vouchers to families. Total value of the motel voucher program was approximately \$25,000.

##### ***Utility Assistance provided in 2003:***

- ***Clark County Department of Community Services, Weatherization:*** The Weatherization program, which installs cost effective measures for energy conservation, assisted 230 families.
- ***Clark Public Utilities*** has several programs that assist families with energy costs; The Energy Assistance Program assisted 2,602 low-income households in meeting home energy costs. Operation Warm Heart served 481 households; the Guarantee of Service Plan (GOSP) served 2,000 households; Senior Citizens Rate Credit served 3,267 households.
- ***St. Vincent De Paul*** provided utility assistance to 84 families.
- ***InterFaith Treasure House*** provided 48 households with energy assistance.
- ***Clark County Veterans Assistance Fund*** provided utility assistance to 31 veterans.
- ***North County Community Food Bank*** provided utility assistance to 26 households.
- The ***Department of Social and Health Services*** provided rent and utility assistance to approximately 890 households.



- ***The Clark County Health Department's HIV/AIDS Case Management Program*** provided utility assistance to 43 individuals.

#### ***Food Assistance in 2003:***

- ***Share House*** provided 134,717 hot meals to homeless persons, as well as an increasing number of individuals and families at risk of homelessness.
- From July 2003 through April 2004, Clark County's 10 **food banks** served 19,878 unduplicated households, representing 61,880 people. Demand has increased significantly since last year – more households were served in the first 10 months of the Food Bank's fiscal year than in the entire prior year.
- ***The Clark County Health Department's HIV/AIDS Case Management Program*** provided Food Vouchers to 76 Individuals.

#### Services Planned

The ***Greater Vancouver Interfaith Association*** (GVIA) will again provide winter overflow shelter. Family overflow shelter will be centralized in 2 churches in the coming year, but will use volunteers and financial support from a broad network of churches. The overflow shelter will be available from November to March. Share House will again offer winter overflow shelter to homeless male individuals. (See Goal G7.5)

#### ***How persons access/receive assistance:***

- ***The Salvation Army*** is a key entry point to homelessness prevention services in Clark County and there are a number of other points of entry as well. People can call ***St. Vincent De Paul*** and ***InterFaith Treasure House*** directly. In the past year, both agencies have increased the number of people they serve. Families and individuals can call area faith communities for limited rent and utility assistance as well as food assistance. Families and individuals can access the ***Share House Meal Program*** directly during regularly scheduled hours 365 days each year.
- ***Information and Referral*** volunteers and staff are available by phone during weekdays, and can refer callers to a broad range of available community services. The Council for the Homeless' ***Emergency Shelter Clearinghouse*** is a main access point for homeless services and also provides information on homelessness prevention assistance and ***Community Voice Mail*** services.
- The ***Council for the Homeless*** produced a Resource Guide, distributed to more than 50 faith communities who provide cash and other assistance to at-risk persons. Wallet-sized versions are being distributed to homeless and at-risk persons by several prevention providers. There is also a web-based resource guide.
- In addition, the ***211 Information and Referral*** hotline is in the process of being implemented throughout the region, including Clark County. Once it is fully implemented, homeless people can dial 211 to get information on homeless services and housing resources.

#### Component: Outreach

##### (1) Outreach activities for homeless persons who are living on the streets

- ***Share's Outreach***, a McKinney-funded street outreach program in Vancouver, which makes contact with homeless families, men, women and youth. In 2003, the Share Outreach team made **9,953** contacts with **3,517** individuals providing them with **17,187** individual services. These services include providing shower and laundry facilities and supplies, referrals to other community agencies, and advocacy with mainstream services. Share Outreach also works at developing relationships with landlords willing to rent to chronically homeless people with credit and/or legal issues.

The team supplies people with household goods, clothing/shoes, a mailing address and phone, Community Voice Mail, and help acquiring interpreter services. Their bike program, in cooperation with the Elks Club and SW Washington EMS and Trauma Systems, provides free bicycles, helmets, and locks to nearly 100 persons per year. The 3-person street outreach team provides coordinated outreach primarily to single adults with drug/alcohol addictions, mental illness, and chronic, serious unmet health problems. The team engages homeless people in services and provides direct access to the men's shelter. Share Outreach

links with the Emergency Shelter Clearinghouse for referrals to prevention assistance, and shelters for single women and families.

- **Share House** is a hub of activity for street homeless. **Share's** Share Outreach coordinates a variety of services for single men and women. Homeless persons are linked directly with appropriate agencies for counseling and other services. Clients may use the restroom, shower, and laundry; receive clothing, food, and personal care items; use Share's address for the delivery of their mail; be assigned a voice mail box for their private use; and receive transportation assistance through gas vouchers, bus tickets, and the bike program.
- The **Department of Veterans Affairs Outreach Van** makes scheduled twice-monthly visits to the Share House men's shelter to involve veterans with available VA services. Short-term services include: photo ID, clothing and boots, hygiene kits, sleeping bags/blankets, and other essentials. The van provides linkage to other long-term services (see Supportive Services/access), such as referrals to drug and alcohol programs.
- **Clark County Health Department** provides an HIV/AIDS counseling and needle exchange program that reaches the homeless population. Approximately 60% of program clients are homeless.
- **Columbia River Mental Health Services** (CRMHS) provides limited outreach services to 540 mentally ill homeless individuals who are on the streets. Referrals to CRMHS Crisis Response Services can be made through Clark County emergency shelters, the Salvation Army, the police department, and other social services.
- **Clark County Health Department HIV Prevention** provides outreach to populations at high risk of HIV infection. This is accomplished primarily through coordination with service providers connected with these populations such as homeless shelters and needle exchange programs.
- With federal funding through the Washington State Department of Social and Health Services, a PATH program began in December, 2002. **Mental Health Northwest** hired 1.3 FTE's to provide outreach, case management and mental health counseling to homeless persons who have a mental illness and are not receiving services through the public Regional Support Network. The workers conduct outreach to streets and shelters and facilitate treatment for those who accept it. In the first two quarters of operation, staff provided outreach and engagement to 172 individuals.
- **Mental Health Northwest's** McKinney-funded *The Way Home* funds a .5 FTE outreach worker who coordinates with Share Outreach, conducts street outreach and identifies and houses eligible chronically homeless persons. The outreach worker provides case management, advocacy with landlords, referral to a representative payee, access to treatment, and other services as needed.
- **Columbia River Mental Health** provides a half-time mental health therapist, located at Share House, to provide mental health treatment or support for homeless persons on the street
- or in shelter. Their Crisis Team also visits shelters on a regular basis to assist with referrals to mental health services and to consult with shelter staff.
- **Clearview Employment**, a program of **Columbia River Mental Health**, is a supportive employment program for homeless people with mental illnesses, funded by a 5-year federal grant. It provides resume assistance, interview skills, help obtaining ID, job referrals, and transportation assistance. Four orientations per week are held at three shelters and the YWCA.
- **Cascade AIDS Project's CareLink** provides outreach and education to Hispanic homeless people on the street and in shelter.
- **The Clark County Volunteer Lawyer's Program**, visits Share House monthly to provide advice on civil legal matters, help obtaining legal forms, and direct legal assistance as needed.
- **Sea-Mar Community Health Center & Dental Clinic** visited three homeless shelters during the year to provide assistance in applying for the Washington Basic Health plan. Open to street and sheltered homeless.
- **Clark College Dental School** visited a family shelter several times in 2003 to do evaluations, referrals for low cost dental services, and prescribe antibiotics when needed. Open to street and sheltered homeless.
- **Narcotics Anonymous** and **Alcoholics Anonymous** hold weekly meetings at Share House shelter, open to both street homeless and shelter residents.
- **Columbia Veterinary Clinic** and **Hazel Dell Animal Hospital** visit Share House monthly to provide free vaccinations for animals that belong to street homeless persons.
- **Friends of the Carpenter**, a faith-based volunteer organization, visits Share House and Share Homestead and Share Orchards Inn family shelters twice a month to do woodworking and mentoring with street or sheltered

homeless persons. They recently completed a facility that will be a meeting resource and potential drop-in center for homeless people.

- **Hi-School Pharmacy** provided free flu shots in December at a large Christmas party event open to street and sheltered homeless.

## (2) Outreach activities for homeless persons who are in shelter, etc.:

- The **Children's Center** leads monthly parenting classes at two family shelters.
- **Columbia River Mental Health** provides a half-time mental health therapist, located at Share House, who provides mental health treatment/support and referrals for homeless persons on the street or in shelter.
- The **Children's Center** visits family shelters monthly to conduct workshops on stress management and child abuse prevention.
- **Friends of the Carpenter**, a faith-based volunteer organization, visits Share House and Share Homestead and Share Orchards Inn family shelters twice a month to do woodworking and mentoring with street or sheltered homeless persons.
- **Goodwill Industries** visits family shelters once a month to provide job development and make referrals.
- **The Clark County Volunteer Lawyers' Program** visits Share House and Share Homestead and Share Orchards family shelters monthly to provide advice on civil matters, help obtaining legal forms, and legal assistance as needed.
- **Columbia Non-Profit Housing & Community Housing Resource Center**, 1st Time Home Buyers and Home Loan Programs
  - Parenting Classes @ the **YWCA** "Growing Up Again" (10 week course)
  - **DSHS** 7 week Job Hunters Workshop series.
  - **Southwest WA Medical Center** - Healthy Steps Clinic: How to access medical services in our community.
  - **Northwest Justice Project** visited shelters to present Tenant's Rights and Responsibilities and Landlord Tenant Laws for Washington state.

## Outreach planned

- **Janus Youth Program's Oak Bridge Youth Shelter** plans to begin a homeless youth street outreach program. The youth outreach worker will make contact with youth living on the streets and connect them to services offered through Oak Bridge and other community providers. **(Goal G3.1)**
- **The Clark County Volunteer Lawyers' Program** has continued its planning on implementing a homeless court system. This program will be launched in August 2004 with voluntary staff including judges, bailiffs, court reporters and lawyers. The purpose of this court will be to assist the homeless in taking care of the legal issues that they may have been too afraid, or unstable to address, making the court environment more "homeless friendly." In addition, the homeless court will make sanctions/sentences/fines more realistic for this population. **(Goal C2.4)**

## Component: Supportive Services- Services in place:

A wide array of supportive services is coordinated to support emergency shelters and transitional housing programs:

### Specialty Courts

Clark County currently has three different specialty courts: Drug Court, Mental Health Court and Domestic Violence Court. All three are very successful in preventing incarceration and providing intensive services coordinated by the Judges. The Drug Court has had more than 50 graduates with many participants exiting homelessness during their 18 months in the program. The Homeless Court is expected to begin in August 2004.

### Alcohol & Drug Treatment

Clark County funded Drug and Alcohol Services provided detoxification and treatment services to approximately 245 homeless people through local agencies. A range of services are provided from assessments and referrals to treatment, case management, opiate substitution, group care, childcare for clients, etc. Youth

services include intervention programs, adolescent case management, and co-occurring psychiatric and substance related disorders outpatient services.

Washington State provides funds for 180 days of treatment through the Alcohol Drug Abuse Treatment Support Act (ADATSA). Persons seeking this assistance must apply and undergo an eligibility assessment to ensure that they meet income and other requirements.

The following agencies provide alcohol & drug treatment services in Clark County:

- **Community Drug and Alcohol Center**, a county funded outpatient treatment facility serving both adults and adolescents. Services include assessments, community outreach and education, alcohol and drug information, outpatient treatment, maternity case management and youth services.
- **Columbia River Mental Health's Center for Dual Diagnosis** is a county-funded facility that provides treatment for co-occurring psychiatric and substance related disorders.
- **Pacific Crest Consortium** is the county-funded facility supporting Drug Court case management and treatment.
- **CODA** is a Portland-based outpatient methadone treatment program.
- **The Detoxification Center** (John Owen Recovery House) at Community Drug and Alcohol Center is a state-funded facility with six beds offering ITA Involuntary Commitment Services and Sub-acute Detoxification.
- **Daybreak/Vancouver** is a 16-bed, level II youth Intensive Residential Treatment facility that serve males ages 12 through 18. All meet the criteria for being chemically dependent with the symptoms of a mental health diagnosis (or potential diagnosis) requiring concurrent management with the treatment of addictions (e.g. attention deficit-hyperactivity disorder, depression, conduct disorder, etc.) and/or extreme family dysfunction, prior trauma due to emotional, physical and/or sexual abuse, which may present a major risk of danger to the client and/or others, and high risk to discontinue treatment.
- **Northwest Recovery Center, which is part of Mental Health Northwest**, is a county-funded outpatient treatment facility. Services include: DUI assessment, outpatient, intensive outpatient, co-occurring psychiatric and substance-related disorders, and adolescent case management services.
- **Positive Start**: pregnant and parenting services for homeless women with chemical addictions.
- **Open House Ministries'** whole-family drug & alcohol program includes simultaneous recovery support for the abuser, co-dependency support for the spouse, and counseling with any children, in addition to systemic counseling for the whole family. This faith-based program is funded entirely by private donations and foundation grants.
- **New Hope**: an intensive, 90-day treatment program for people who are chronically homeless and chemically addicted.

### **Case Management**

Case management is provided by every nonprofit agency that serves homeless individuals and families, including shelters. Models of case management range from linkage-only to intensive case management. In addition, **Columbia River Mental Health** provides case management for chronically mentally ill homeless persons through their supportive housing programs and **Clearview Employment** program. **Share Outreach** workers act as "on the street" case managers, assisting clients with entitlements, housing, and access to other services. **Mental Health Northwest** provides case management to persons who are mentally ill, chemically addicted, and/or dually diagnosed. Recipients of public assistance programs have access to case managers through the local Department of Social and Health Services office.

**YW Housing** and **Share** provide intensive case management for individuals and families in transitional housing. The **Clark County Health Department** supports (through Ryan White HOPWA and AIDS Omnibus funds) a case management program supporting persons living with HIV and AIDS. While the focus of these services is access to medical care, it also includes housing stabilization strategies.

### **Child Care**

The **YWCA of Clark County** operates a licensed preschool program for children of residents of all Clark County shelters. **Open House Ministries** has developed an on-site child education center to serve its residents.

***Vancouver Housing Authority's RISE and STARS Community Center*** (Resident Initiatives for Success and Empowerment, RISE, for adults; and Success through Academic and Recreational Support, STARS, for youth) provides child care and other learning and recreational activities for youth and adults.

### **Education**

***Educational Service District 112*** provides transportation to their home schools for children living in the shelters. The ***Vancouver School District*** staffs a Children's Education Center at the Open House Ministries shelter and is planning to expand this program to three other family shelters.

### **Employment Assistance**

- ***WorkSource*** is our main “one-stop” employment center. There a job-seeker can be referred to a variety of programs: Division of Vocational Rehabilitation, Partners in Careers, Job Corps, Title V for Senior Community Service Employment Program for those ages 55 and over, Clearview, Hope Vocations Progress, ESD 112 employment services for youth, and Clark College. Goodwill Industries has a 30-day employment program. Partners in Careers operates employment programs for persons with limited English language proficiency and ex-offenders as well as offering transitional employment experiences for welfare recipients.
- ***Share*** operates a Resident Staff Training Program at each of its three facilities. In this program, selected homeless clients receive 24-month on-the-job training in shelter operations in exchange for room, board, and a stipend. In addition to this on-site program, case managers at all shelters in Clark County coordinate placements with ***WorkSource*** and the ***Washington State Employment Security Department*** (ESD) for job skills training and employment searches for adults and with Educational Service District 112 for the federal Summer Youth Employment Program. ***Open House Ministries' Work Development Center*** is designed to help chronically un- or under-employed adults acquire a basic work ethic that will enable them to successfully complete job-training programs and advance in entry-level jobs. The program has been used as a precursor to entry into the WorkSource and State ESD job training programs.
- ***Clark College Displaced Homemakers Program*** offers a 4-week class for low-income women who are re-entering the workforce after having been either out of work or caring for family members. TANF recipients are required to participate in job search and employment in order to maintain benefits.
- ***Columbia River Mental Health's Hope Vocations Progress*** is a supportive employment program for homeless people with mental illnesses, funded by a 5-year federal grant. It provides resume assistance, interview skills, help obtaining ID, job referrals, and transportation assistance. Four orientations per week are held at three shelters and at YW Housing..

### **HIV/AIDS Treatment & Support**

- The ***Daily Bread Express***, a program of Ecumenical Ministries of Oregon provides meals to people with HIV or AIDS living in Clark County. The Metropolitan Community Church also operates a small food bank, partly supported by a contract with Clark County Health Department, to provide food support to people living with HIV/AIDS. The Health Department also uses Ryan White Title II to support food vouchers to low/no income persons in the Case Management program.
- ***Clark County Case Management Program*** (HIV/AIDS) receives local, state and federal funding to assure access to medical care for people who are living with HIV and AIDS. The program has more than 180 clients, of whom 35 are homeless, and provides a six unit transitional housing program. Services include prevention, education, case management, assistance with insurance, access to emergency funding, rent assistance and Social Security applications. The primary mission of the program is to help people with HIV access primary health care.
- ***Cascade Aids Project's*** program assists persons living with HIV or AIDS case management services as well as access to housing. The scope of their services and housing are regional in nature so a Clark County resident may actually receive services in Multnomah County Oregon.

### **Life skills**

Most agencies that serve homeless persons provide life skills training for individuals, families and youth, ranging from one-on-one mentoring to group classes. Agencies include: YWCA Independent Living Skills program, for young people aging out of foster care, YW Housing, Share Clearview Employment, Open House

Ministries, as well as McKinney-funded programs including VHA's Operation Homestretch, YW Housing's WISE MOVES, and Story Street.

### **Mental Health Treatment and Support**

Clark County Department of Community Services' Regional Support Network coordinates public mental health services. Last year the county funded mental health services enrolled 375 people who reported they were homeless on admission to the programs. Those services are provided at local community mental health centers. Participating providers are: Columbia River Mental Health, Children's Center, Children's Home Society of Washington, Mental Health Northwest, and Southwest Washington Medical Center. Services provided to all eligible severely and/or chronically mentally ill persons include:

- Individual & Group Therapy and Family Counseling
- Inpatient Treatment and Day Treatment
- Hospital Diversion Services
- Case Management /Discharge Planning
- Language Interpretive Services
- Residential Services (payment to support transitional housing for mentally ill)
- Medication Management
- Emergency/Crisis Intervention
- Vocational Services
- Transportation assistance/bus passes

*A Program of Assertive Community Treatment (PACT)* operated by Mental Health Northwest, assists mentally ill people in accessing services. Intensive case management, outreach and advocacy to jail and mental health court, medication management, housing assistance, and other services. Eligible clients have an Axis I diagnosis and are frequent users of in-patient hospitalization.

- Mental Health Northwest's PATH program provides no-cost counseling and case management for homeless individuals with psychiatric disabilities. MHNW also operates the Wellness Project, a free clinic that provides mental health treatment.
- CVAB, *Consumers Voices are Born*, provides support and advocacy for people who are using the community mental health system and is staffed by mental health consumers. The two most popular services are a drop-in center and a "warmline," answered by volunteer mental health consumers who provide an open ear for peers.

### **Transportation**

Salvation Army, YW Housing, and Share all provide some type of transportation assistance. This includes bus passes or tickets and limited vehicle repair assistance. TANF recipients are eligible for work-related transportation assistance. Individuals who are Medicaid-eligible obtain transportation to medical appointments through the Medicaid Transportation Brokerage operated by the Human Services Council.

### **Other**

**Community Voice Mail (CVM)** Operated by the Council for the Homeless, CVM provides 600 voice mail boxes that are used primarily by homeless clients through one of 32 participating social service agencies: homeless shelters, mental health agencies, school homeless liaisons, Work-First organizations, etc.. Of the 402 active voice mail boxes, 38% are assigned to homeless individuals. 15% of the clients have no income. Average income for those who have it is \$238.

**Basic Services:** *Share's* Outreach provides referrals as well as basic services for single men and women at their Share House facility. Clients are linked directly with appropriate agencies for counseling, services and referrals. Clients may use the restroom, shower, and laundry; receive clothing, food, and personal care items; use Share's address for the delivery of their mail; be assigned a voice mail box for their private use; and receive transportation assistance through gas vouchers and bus tickets.

### **Food Banks & Meal Programs**

From July 2003 through April 2004, Clark County's 10 **foodbanks** served 19,878 unduplicated households, representing 61,880 people. Demand has increased significantly since last year – more households were served in the first 10 months of the Food Bank's fiscal year than in the entire prior year.

The **Stop Hunger Warehouse**, operated by the Salvation Army, provides a central distribution program for all food banks in the Clark County Food Bank Coalition. These are: **FISH/Orchards**, **FISH/ Vancouver**, **Inter-Faith Treasure House**, **North County Community Food Bank**, **Neighbors Helping Neighbors**, **Salvation Army**, **Seventh Day Adventist/Battleground**, **7<sup>th</sup> Day Adventist/ Vancouver** and **St. Vincent de Paul**. In addition, there is a USDA Commodity distribution at FISH/Orchards, Inter-Faith Treasure House, North County Community Food Bank, Neighbors Helping Neighbors, and Salvation Army.

**Meal Programs:** Several meal programs and food banks serve homeless and low-income individuals. **Share's Hot Meal Program** provides three meals per day, five days a week and two meals per weekend day to the community's homeless and low-income people. An average of 200 people are served each day.

### **Health Care**

The **Free Clinic of SW Washington** is a community-sponsored clinic providing health services for all people with no or low-income, who do not have any other way of obtaining medical care. Services provided include basic health care, prescription assistance, and physicals. **Sea-Mar Community Health Center & Dental Clinic**, a federally funded health clinic, provides dental care, basic primary care, and family planning services to no and low income persons. Services are provided on a sliding fee basis. Prescription assistance and referral for specialty care are available. Sea-Mar assists with applications for the Washington Basic health Plan. Funds are available to pay monthly premiums for those who are homeless. **New Heights Church** operates a primary care clinic for those who are low or no income without insurance, including people who are homeless or living in shelters. They provide prescription assistance and are expanding their clinic in early fall to include dental services. Mental Health Northwest operates The **Wellness Project**, a free clinic that provides primarily mental health treatment. If need be, clients can be referred for other medical care. The **SW Washington Medical Center** also provides emergency treatment to homeless individuals.

### **Legal Services:**

**Northwest Justice Project** is a statewide non-profit that provides free civil legal services to low income people. Seventy-five percent of all the work completed by NJP involves cases that threaten family safety and security, including domestic violence, child custody rights and child support, and cases relating to housing issues such as foreclosures and unlawful evictions. The Vancouver office serves Clark and four adjoining counties. More than 1,000 Clark County callers per year are served by NJP's statewide toll-free number. **Columbia Legal Services** is a statewide non-profit law firm that provides free civil legal services to low income clients and senior citizens. Some examples of the type of cases CLS works on include: domestic violence, family law, housing, welfare, Medicaid, and social security. CLS does not charge eligible clients for services. Their Olympia office serves all of Southwest Washington, including Clark and eight other adjoining counties. They also represent Public Housing residents and Section 8 recipients in the Vancouver Housing Authority Move to Work planning process. In August 2004 a Homeless court will be implemented with the help of volunteer lawyers and judges. Local case managers will refer homeless individuals who have been cited for offenses.

### **Services planned**

The **Clark County Department of Community Services** is currently planning the following services and facility development projects:

- Construction of the proposed Community & Health Services Building on the Veterans Administration campus began in 2003 and is targeted for completion in mid-2005. This facility will house the Clark County Department of Community Services, Clark County Health Department, Community Drug & Alcohol Center, John Owens Recovery Housing, Mental Health Northwest, Human Services Council, Pacific Crest Consortium, and other substance abuse and mental health service providers. There will be a total of 100 new inpatient beds.

- Residential Drug & Alcohol Treatment for deaf individuals: This program, located on the Veteran's Administration campus and serving deaf individuals who communicate with sign language, will expand to 14 residential treatment beds when the Community and Health Services Building is completed.
- Expansion of detoxification beds: The proposed Community & Health Services Building will have space for 16 sub-acute beds and 4 medically monitored detox beds. **Daybreak** is building a new facility that will serve 48 youths--both male and female. This will increase adolescent treatment by 32 beds.

How homeless persons access/receive assistance:

Clark County provides a wide variety of support services. Two key referral sources are the **211 Information and Referral** line and the **Emergency Shelter Clearinghouse** hotline. For most homeless people, program access or referral is facilitated by their case manager. The monthly Coalition of Service Providers meetings provide an opportunity for workers to share resources and information, which can then be passed on to clients.

- **Legal services:** *Northwest Justice Project* and *Columbia Legal Services*. A statewide toll free number is open from 9:30am-12:30pm weekdays and 4:00-6:30pm Tuesdays to provide initial legal advice, written information, and referral for further legal assistance in high priority cases. Calls are taken from people age 60 or older regardless of income. The NJP website provides written information on a variety of legal topics in English, Spanish, Russian, Chinese, and Laotian.
- **Veterans Assistance:** The *Department of Veterans Affairs Outreach Van* makes regularly scheduled visits twice monthly to Share House men's shelter to involve veterans with available services. The van provides linkage to long-term services such as enrollment to the VA Hospital, medical care, mental health services, alcohol/drug treatment/assessment, employment services, vocational retraining, residential rehabilitation, subsidized housing, and assistance with pension and benefits.



## Continuum of Care Housing Activity Chart HUD Form 40076 COC-G

Fundamental Components in CoC System - Housing Inventory Chart											
EMERGENCY SHELTER											
Provider Name	Facility Name	HMIS	Geo Code <input type="checkbox"/>	Target Population		2004 Year-Round Units/Beds			2004 All Beds		
				A	B	Family Units	Family Beds	Individual Beds	Year-Round	Seasonal	Overflow/Voucher
Current Inventory											
Janus Youth Programs	Oakbridge	P-9/04	539011	YMF		0	0	10	10	0	0
	Oakgrove	P-9/04	539011	YMF		0	0	6	6	0	0
Veteran's Administration	Portland-area shelter	N		SM	VET	0	0	5	5	N/A	N/A
4 area Providers:	SA, CFTH, SVDP, CRMH - Motel Vouchers	C	539011	M							10
YWCA	SafeChoice	C	531668	M	DV	8	27	8	35	0	0
Open House Ministries	Open House	C	539011	M		27	99	8	107	0	
Share	Share House	C	539011	SM	VET	0	0	30	30	25	0
	Share Orchards Inn	C	539011	M		12	46	4	50	8	10
	Share Homestead	C	539011	M		12	46	4	50	7	10
	Share Homes	C	539011	SF		0	0	25	25	0	0
				SUBTOTAL		59	218	100	318	40	30
Under Development											
				SUBTOTAL							

TRANSITIONAL HOUSING											
Provider Name	Facility Name	HMIS	Geo Code <div></div>	Target Population		2004 Year-Round Units/Beds			2004 All Beds		
				A	B	Family Units	Family Beds	Individual Beds	Total Beds	Seasonal	Overflow/ Voucher
Current Inventory											
Clark County HIV/AIDS Case Management	HOPWA program: subsidized rent	N	539011	M	AIDS	1	4	5	9		
Columbia River Mental Health	Elahan Place	C	539011	SMF		0	0	34	34		
	Hazelwood Duplexes	C	539011	SMF		0	0	6	6		
Eutychus Ministries	1902 House	N	531668	SM	VET	0	0	10	10		
Janus Youth	Motivated Youth House	P-9/04	539011	YMF		0	0	8	8		
Legacy of Life	Legacy Maternity Home	N	539011	SF		0	0	6	6		
Open House Ministries	Pinewood Terrace	C	531668	M		23	92	0	92		
Share	Share House	C	531668	SM		0	0	11	11		
	ASPIRE-Orchard Glen (Wisemoves)	C	539011	FC		65	163	20	183		
Vancouver Housing Authority	Operation Homestretch	C	539011	FC		10	30	0	30		
	Central Park Place	N	531668	SMF		0	0	124	124		
Veterans Affairs	Transitional lodging Unit	N	531668	SMF	VET	0	0	36	36		
	Group Living Homes	N	531668	SMF	VET	0	0	80	80		
Washington State Oxford (Clark County/ Vancouver)											
	Chalet 11 Oxford	N	539011	M		0	0	14	14		
	Columbia Oxford	N	539011	M		0	0	14	14		
	Delaware Oxford	N	539011	SM		0	0	9	9		
	Five Corners Oxford	N	539011	SM		0	0	8	8		
	Franklin Oxford	N	539011	SM		0	0	9	9		
	Grammer Oxford	N	539011	SM		0	0	8	8		
	Heights Oxford	N	539011	SM		0	0	9	9		
	Historic Flynn Oxford	N	539011	SF		0	0	10	10		
	Laurelwood Oxford	N	539011	SM		0	0	10	10		
	Lavina Oxford	N	539011	SF		0	0	9	9		
	Lewis & Clark Oxford	N	539011	SM		0	0	10	10		
	Lincoln Oxford	N	539011	SM		0	0	7	7		
	May Woods Oxford	N	539011	SM		0	0	9	9		

	Parkside Oxford	N	539011	SM		0	0	10	10		
	Reserve Ridge Oxford	N	539011	SM		0	0	9	9		
	Rosemere Oxford	N	539011	SM		0	0	9	9		
	Sign Oxford	N	539011	SM		0	0	7	7		
	Silver Star Oxford	N	539011	SM		0	0	8	8		
	St. James Oxford	N	539011	SF		0	0	10	10		
	Vancouver Oxford	N	539011	SM		0	0	9	9		
Agape Manor	Agape Manor	N	539011	YF		0	0	8	8		
YW Housing	Jubilee House	C	531668	FC		3	9	0	9		
	Val's House	C	531668	FC		3	8	0	8		
	Amber's House	C	531668	M		0	0	3	3		
	Key House	C	531668	M		2	4	1	5		
	McLoughlin House	C	531668	M		2	4	2	6		
	Swift House	C	531668	M		0	0	5	5		
	Watson House	C	531668	M		1	3	0	3		
	Hyde Park House	C	531668	M		3	6	1	7		
	Worth House	C	531668	FC		3	7	0	7		
	Hope House	C	531668	FC		2	4	2	8		
SUBTOTAL						118	334	550	884		
Under Development											
Eutychus Ministries	Brush Prairie House	N	539011	SM	VET	0	0	6	6		
SUBTOTAL						0	0	6	6		

PERMANENT SUPPORTIVE HOUSING											
Provider Name	Facility Name	HMIS	Geo Code <div><input type="checkbox"/></div>	Target Population		2004 Year-Round Units/Beds			2004 All Beds		
				A	B	Family Units	Family Beds	Individual Beds	Total Beds	Seasonal	Overflow/Voucher
Current Inventory											
Affordable Community Environments (ACE)	Cascadia Village	N	539011	M		24	75	13	88		
	Covington Commons	N	539011	SMF		0	0	8	8		
ARC of Clark County	18 <sup>th</sup> Street House	N	539011	SF		0	0	3	3		
Columbia Non-Profit Housing	Azalea Place	N	539011	SMF		0	0	12	12		
Columbia River Mental Health Services	Cascade Terrace	C	539011	SMF		0	0	12	12		
	Ft Vancouver Apartments	C	531668	SMF		0	0	19	19		
	U Street House	C	539011	SF		0	0	4	4		
	St James House	C	531668	SM		0	0	5	5		
	Orchards 129th Ave	C	539011	SMF		0	0	3	3		
	39th St Triplex	C	531668	SMF		0	0	6	6		
	99th Street House	C	539011	SF		0	0	5	5		
	New Dreams	C	539011	M		4	13	14	27		
	Forest Creek Condos	C	539011	M		0	0	8	8		
Mental Health NW	The Way Home	C		SMF		0	0	10	10		
Portland Department of Veteran Affairs	VASH vouchers	N	539011	M	VET						14
	Contracted residential care	N		SMF	VET	0	0	50	50		
Share/YW Housing	Story Street	C	539011	M	VET	10	30	20	50		
Vancouver Housing Authority	Central Park Place Shelter + Care	N	531668	SMF	VET	0	0	10	10		
	Units for people with HIV/AIDS	N	539011	SMF	AIDS	0	0	6	6		
					SUBTOTAL	38	118	208	326		
Under Development											
YW Housing	Kauffman Townhomes		531668	M		10	41	0	41		
					SUBTOTAL	10	41	0	41		

## COC Housing Gaps Analysis Chart HUD Form 40076 COC-H

		Current Inventory in 2004	Under Development in 2004	Unmet Need/ Gap
<b>Individuals</b>				
<b>Beds</b>	Emergency Shelter	100	0	118
	Transitional Housing	550	6	150
	Permanent Supportive Housing	208	0	359
	Total		6	
<b>Persons in Families With Children</b>				
<b>Beds</b>	Emergency Shelter	218	0	75
	Transitional Housing	334	0	137
	Permanent Supportive Housing	118	41	635
	Total		41	

## COC Homeless Population and Subpopulations Chart HUD Form 40076 COC-I

Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
1. Homeless Individuals	108 (A)	488 (A)	237 (N)	833
2. Homeless Families with Children	64 (A)	88 (A)	67 (N)	219
2a. Persons in Homeless Families with Children	181(A)	245 (A)	172 (N)	598
<b>Total (lines 1 + 2a)</b>	289	733	409	1,431
Part 2: Homeless Subpopulations	Sheltered		Unsheltered	Total
1. Chronically Homeless	23 (A)		131(N)	154
2. Severely Mentally Ill	123 (A)		41(N)	164
3. Chronic Substance Abuse	124 (A)		33(N)	157
4. Veterans	172 (A)		15 (N)	187
5. Persons with HIV/AIDS	10 (A)		6 (N)	16
6. Victims of Domestic Violence	105 (A)		10 (N)	115
7. Youth (Under 18 years of age)	25 (A)		32 (N)	45

## **Methods to Collect Information for Charts**

### **1. Housing Activity Chart**

**(a) Housing Inventory:** The housing inventory that was submitted in the 2003 Continuum of Care application was developed over the prior 2 years by Continuum of Care subcommittees. This year we used that inventory as the basis for an e-mail survey to existing emergency, transitional and permanent supportive housing providers who were asked to identify inventory as of January 15, 2004. The Clark County Department of Community Services staff reviewed the inventory for completeness, and also identified units under development. The Department of Community Services administers the Consortium's CDBG and HOME programs and developed the Consolidated Plan.

Clark County uses the following definitions for emergency shelter and transitional housing:

**Emergency shelter** is defined as short-term shelter combined with basic services that provide a safe, decent alternative to the streets. In the State of Washington, Emergency Shelter Assistance Program (ESAP) funding sets limits of shelter stays for up to 90 days. Clark County's three family shelters have mutually agreed on limits of up to 60 days. At both the domestic violence shelter and the shelter at the Veteran's Administration, stays are limited to 45 days. The single men's shelter allows stays of 30-60 days, with eleven beds set aside for transitional housing. Shelters in Clark County provide a basic level of supportive services including case management, meals, resource rooms, children's programs, and parenting classes. More intensive services such as counseling, drug and alcohol treatment, health care, and school transportation are provided through cooperative agreements and referrals to mainstream social service agencies. Case managers ensure that clients have applied for mainstream resources such as TANF, SSI, SSDI, Veterans health Care, Food Stamps, public housing/Section 8, Medicaid, and other appropriate programs.

**Transitional Housing** is defined as housing that facilitates the movement of homeless individuals and families to permanent housing within 24 months. This temporary housing is combined with supportive services to enable homeless families and chronically homeless individuals to live as independently as possible. Supportive services help promote residential stability, increase skill level and/or income, and greater self-determination. These services may be provided by the organization managing the housing or coordinated by that organization and provided by other public or private agencies. Transitional housing can be provided in one structure or several structures at one site or in multiple structures at scattered sites. In Clark County, transitional housing is primarily designed for individuals with poor housing or credit histories, those in recovery from chemical addiction or mental illnesses, or those with short-term high intensity service needs. More recent transitional housing programs are designed to be "transition-in-place" so services gradually diminish, but families or individuals do not need to relocate at the end of two years. Some of this housing also has time limited stays. For example, the Veterans Administration has a transitional living unit with 45 day limits, but with case management and services that can facilitate a move to permanent housing.

**2005 CoC Inventory:** The Clark County Department of Community Services maintains an inventory of new projects. They work in conjunction with the Community Development department that issues permits. The Department of Community Services will work in conjunction with the HMIS Network Administrator to coordinate the inventory with HMIS data entry. A draft inventory will be circulated to the COCPG for revisions based on a point of time in late January 2005.

**2. Housing Gaps Analysis Chart** In 2003 we estimated that there were 4,340 individuals who were turned away for lack of space in one of the 380 shelter beds, a daily average of 11 turnaways. Over 1,000 of the turnaways were children. This represents a significant increase in turnaways from the previous year, especially among families with children.

On March 16, 2004, the Council for the Homeless Sheltered and Unsheltered Street count revealed that there were 409 unsheltered people, 201 homeless individuals (131 were chronically homeless) and 172 persons in homeless families with children. Of the 2,804 turnaways for 2003, 1,096 were children. It is clear from the data and street count that there are many people who are unsheltered, that do not call to request shelter. One thing we have heard from people who are homeless is that when they know that the shelters are full, they do not take the time to call.

The following table describes the analysis of the housing gap:

<b>Individuals</b>	<b>Data source</b>	<b>Gap (Beds)</b>
Emergency Shelter	3/16/04 Homeless Street Count – assume 50% of unsheltered homeless individuals need shelter	118
Transitional Housing	Based on average wait lists for transitional housing programs with added factor for unsheltered individuals for whom transitional housing is an option	150
Permanent Supportive Housing	Assume 20% of singles on VHA wait list (includes elderly/disabled) need supportive housing.	359
<b>Families with Children</b>		
Emergency Shelter	3/16/04 Street count – of 172 unsheltered persons in families – assume less than 50% gap for shelter beds.	75
Transitional Housing	Based on program wait lists	137
Permanent Supportive Housing	Based on Vancouver Housing Authority Wait List (assume 15% of S8 list are families for whom supportive housing is appropriate); consistent with Strategic Housing Plan; Consolidated Plan	400

In reviewing the requests for shelter, an increase in emergency beds is indicated. However, the Clark County Continuum of Care Homeless Strategy is based on the importance of permanent supportive housing rather than emergency shelter beds. It has been our experience that 90% of homeless families and 75% of homeless individuals can move immediately into any available supported housing. We believe that people are better served in the long run if we can develop more permanent supportive housing and link it to street outreach and mainstream resources rather than build shelters.

However during the winter months, there has historically been an increase in requests for shelter. In Clark County, the local faith community has been very active in planning, organizing and providing for the winter overflow shelter beds. The churches have provided the facility and the volunteers to ensure that singles and families are provided emergency shelter during the winter months from November through March.

### **3. Homeless Population and Subpopulations Chart.**

(a) 2004 Data Collection method: On March 16, 2004 the HMIS Network Administrator for the Council for the Homeless worked with volunteers and homeless agency providers to conduct the one-day street count. The volunteers and staff used a one page form to collect data from unsheltered individuals. They met people in the meal programs, street out-reach program, and camps. The information sheets were then returned to the HMIS administrator to match the names on the forms with names in the data base to determine if folks met the definition of chronically homeless. Unduplicated data on sheltered individuals was available from the HMIS system. Clark County's HMIS system has been in operation since 2001 and has data from nine different agencies with multiple programs and data input points resulting in a very accurate sheltered count and the cross-matching information to determine chronic homelessness. During the one day count, we were not able to reach the homeless camps in the rural areas.

(b) 2005 Data Collection Plan: sheltered: The Clark County Continuum of Care implemented an HMIS system in 2001 and has been expanding each year to cover more components of the homeless system. By January 2005 we expect to have an additional 4-5 agencies connected to the HMIS system. Data collection will involve aggregating shelter and transitional housing statistics for an agreed upon point in time in January 2005. The HMIS staff will call other providers to gather additional data from the organizations that are not connected to the HMIS system.

(c) 2005 Data Collection: unsheltered: The Council for the Homeless will conduct a street outreach planning session with the Continuum of Care Planning Group in October 2004 to prepare for outreach to unsheltered individuals. As in years past we will involve homeless outreach and shelter staff, social service staff, local government staff, and formerly homeless individuals in the actual street count. In 2005, we plan on expanding outreach efforts to the non-urban areas of Clark County. As in year's past, an HMIS ready intake form will be developed so that all the data collected can be readily entered into the system for reports and planning.

(d) Change in estimate of "chronic homeless" Last year in our Continuum of Care application we estimated there were approximately 361 chronically homeless individuals in Clark County, both sheltered and unsheltered. This estimate is for a point-in-time and is based on a prior year street count, plus data available from project providers

and HMIS data. We did a street count on March 16, 2004, with an actual count of 154 chronically homeless individuals, both sheltered and unsheltered. The street count was conducted at meal programs and food bank sites, emergency shelters, veterans' drop-in centers, and in parks, bus stations, and other locations with a visible street population. Formerly homeless individuals volunteered to help with the street count and did outreach in urban areas where there was a more hidden street population.

This number reflects mostly urban locations. We believe that our coordinated system that prioritizes permanent supportive housing and street outreach that works to connect homeless people to mainstream services and housing is helping us reduce the number of chronically homeless. What we also know is that the chronically homeless move from place to place within our region, based on where services are available.

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## **Homeless Management Information System HUD Form 40076 COC-J**

### **Homeless Management Information System (HMIS)**

#### **a. Continuum of Care strategy and progress on implementing a HMIS.**

In 2000 the Council for the Homeless a HUD grant to develop a homeless management information system (HMIS) for the Clark County Continuum of Care. Through that grant, the Council purchased ServicePoint™, a powerful web-based HMIS, installed it, trained staff and volunteers and began the process of entering data from the Emergency Shelter Clearinghouse. In 2001, the Council began training staff from the six area shelters in the use of ServicePoint. In 2002, all shelters on ServicePoint entered all shelter stays. Currently the HMIS contains **10,000** plus client files. Current monthly reports are published on the Council for the Homeless website. Clients served System wide for 2003 were 3,958 **unduplicated** clients or +15.6% over 2002.

Called CHANGE (Community Homeless Assistance Network & Exchange), the project currently networks six homeless programs, street outreach, and a portion of the transitional housing programs. CHANGE is providing non-profit and mainstream service providers a tool for enhanced collaboration and will **use technology to assist in planning for zero homelessness**. The HMIS also tracks the needs of the chronic homeless to enable access to mainstream resources. The HMIS maintains a standardized intake form for client data and homeless needs. The Clark County Continuum used the HMIS to obtain an unduplicated sheltered client count for our One Day Street Count conducted on Tuesday, March 16, 2004. The HMIS was utilized for the winter expansion program (a collaboration by approximately 15 churches and shelters) for expanded overnight bed space starting November 1, 2003 through March 31, 2004 to collect this vital data for future planning needs.

Current HMIS partners include Share (two family shelters, a shelter for single men, street outreach program which is essential in reaching the chronic homeless, and transitional and permanent supportive housing programs); Open House Ministries (family shelter and transitional housing), YWCA (SafeChoice domestic violence shelter), YW Housing (transitional housing), Vancouver Housing Authority (transitional housing), The Salvation Army, Columbia River Mental Health (transitional housing), Mental Health Northwest, and lead agency Council for the Homeless (Emergency Shelter Clearinghouse).

Future HMIS partners through a 2004 CDBG grant include Janus Youth Programs, Greater Vancouver Interfaith Association, VHA Shelter+Care for veterans at Central Park Place, St. Vincent de Paul. Additional HMIS partners may include Clark County food banks, Clark County Health Department, and Agape House (a transitional program for youth). Additional programs could include the Human Services Council, disability Resource Center of SW Washington, State Employment Security Department, Veterans Administration, Division of Child & Family Services, and State Department of Social & Health Services.

#### **b. Status of Continuum –Wide HMIS:**

- ☐ The CoC has not yet considered implementing an HMIS.
- ☐ The CoC has been meeting and is considering implementing an HMIS.
- ☐ The CoC has decided to implement an HMIS and is selecting needed software and hardware.
- ☐ The CoC has implemented a Continuum-wide HMIS.
- ☐ The CoC has implemented, but is seeking to update or change its current HMIS.
- ☒ The CoC has implemented, but is seeking to expand the coverage of its current HMIS system.



## Current Inventory in 2004

	Number of Beds/Percentage Providing Client Data to HMIS	
	Individuals	Families
Emergency Shelter	79/79%	218/100%
Transitional Housing	84/15%	330/99%
Permanent Supportive Housing	106/31%	43/36%

## Priorities Narrative Response HUD Form 40076 COC-K

### a. Methods for Evaluating Renewal Projects

(1) *Performance:* The Clark County Continuum of Care Planning Group requires performance measures from McKinney-Vento grant recipients. The group requires that each agency needing to renew the McKinney funding present their APR to the plenary session. The agency must present on actual outcomes rather than outputs. The CoC's focus is on the lifestyle change that happens to the clients that will move them into non-McKinney funded housing.

Projects are rated not only on the achievement of the goals in the McKinney contract, but on how they coordinate with other systems and link participants to mainstream resources. Projects are also reviewed in relationship to the community's long-term system change.

(2) *Effectiveness:* Participants in the Clark County Continuum of Care focus on results and have a history of analyzing results of both individual projects and the continuum as a whole. As noted in the Accomplishments section of the narrative, we consider programs effective that achieve the ends they were designed to serve, but in total the system will move individuals and families into permanent housing. This last year, the McKinney funded programs were able to provide enough resources so that 97% of discharged adults moved into permanent housing – success we hope to build on in the future. The community recognizes that the McKinney-Vento grant is considered a valuable and essential resource to the success of the Continuum. If a grant project is not performing as intended and is not effective, it will not be recommended for renewal.

**b. Justification for New Project:** The Continuum of Care's first priority is Aurora Place Apartments, a permanent housing project to be developed by YW Housing. This project fills an identified gap for permanent supportive housing for chronically homeless women and also for families. This 25 unit project will have 12 units designated for chronically homeless individuals and families with disabilities such as HIV/AIDS, substance abuse, mental illness and co-occurring disorders. This project is consistent with the Continuum of Care's Strategic Housing Plan, which is the foundation for our 10-year Plan to End Homelessness, that calls for 1,250 units of housing affordable to people at or below 30% MFI.

The project will provide a .5 FTE case manager who will work with street outreach programs to identify chronically homeless individuals. The case manager will work with each client to connect them to supportive and mainstream services such as drug and alcohol treatment, mental health services, employment programs, and life skills. This project was supported unanimously by a vote of the plenary session of the Continuum of Care in March 2004.

### c. Project Selection and Prioritization Process

(1) *Open solicitation for projects:* The Council for the Homeless is responsible for coordinating and facilitating the Continuum of Care. The Council sends monthly meeting agendas and minutes to over 200 individuals and agencies to ensure broad and diverse participation. Along with meeting agendas and minutes, the Council sends announcements of other funding to the member agencies. In addition to the McKinney funding, the Council provides information on funding opportunities through CDBG, HOME, State, Local and private sources. During the monthly meetings, agencies report the status of their grant applications.

For the specific McKinney-Vento, all agencies are encouraged to present any potential projects at the COC meetings. Potential applicants are encouraged to coordinate with the COC Planning Group but also with the goals identified in the Strategic Housing Plan and the local Consolidated Plan.

Non-profit developers work continually with the local City and County staff to develop collaborative

proposals to meet community needs. Over the year any new housing and services project is reviewed for eligibility for potential funding sources. This helps all developers work together to meet community needs and maximize resources by developing a project pipeline with a timeline for funding opportunities.

All projects that receive McKinney funding and are eligible for renewal have an opportunity to discuss the needs and effectiveness of their project. If there are no compliance issues, or no other funding available, the Continuum of Care Planning Group recommends that they submit an application for renewal.

*(2) Objective Rating Measures and unbiased review committee:* The following objective rating measures are applied to new and renewal projects: 1) Meets priority need or gap identified in community-based plan (e.g. Strategic Housing Plan, Consolidated Plan, Gap analysis, etc.) 2) Capacity of applicant to carry out the project; 3) Approach consistent with Chronic Homeless Strategy; 4) Moves individual or family toward permanent supportive housing; 5) Leverage of Other Resources; and 6) Federal mandate for McKinney (HMIS).

There are 3 stages of review and approval to the rating and ranking system which provides checks and balances and ensures that no applicant has influence on project prioritization. First, the Continuum of Care Work Group develops proposed objective ranking measures. They recommend them to the Continuum of Care Planning Group for discussion, and finally, recommend them to the Board of Directors of the Council for the Homeless, who has final authority for voting on the rating measures. No members of the Board are employed at agencies that receive funds through the Continuum of Care process. The Council for the Homeless manages the HMIS system. They rely on the initial determination of the Continuum of Care Planning Group that the HMIS system is a top priority and essential not only for gathering data for planning purposes, but will be mandatory for McKinney funded programs.

*(3) Voting system:* The Continuum of Care Planning Group votes to recommended ranking and rating of new and renewal projects to the Council for the Homeless Board of Directors. The Council for the Homeless Board of Directors takes a formal vote on the ranking and rating of projects in the Continuum of Care application.

*(4) Complaints:* No complaints concerning the process were received.

(d) Project Priorities Chart HUD Form 40076 COC-K

(1) Applicant	(2) Project Sponsor and Project Name	(3) Numeric Priority	(4) **Requested Project Amount	(5) Term of Project	(6) Program and Component/Type*				
					SHP new	SHP renew	S+C new	S+C renew	SRO new
YW Housing	Aurora Place Apartments	1	428,757	3 yrs	PH				
Share	Share Outreach (formerly known as Project Access)	2	61,267	1	SSO				
Council for the Homeless	Community Homeless Assistance Network & Exchange (CHANGE)	3	24,938	1	HMIS				
Council for the Homeless	CHANGE Expansion	4	47,943	1	HMIS				
Mental Health Northwest	The Way Home	5	89,396	1	PH				
Columbia River Mental Health	New Dreams	6	97,633	1	PH				
Vancouver Housing Authority	Operation Homestretch	7	83,059	1	TH				
Vancouver Housing Authority	Orchard Glen	8	33,333	1	TH				
YW Housing	Wise Moves	9	92,365	1	TH				
YW Housing	Story Street	10	166,102	1	TH				
		11							
		12							
**Total Requested Amount:			1,124,793						

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## Continuum of Care Supplemental Resources – HUD Form 40076 CoC-L

### Enrollment and Participation in Mainstream Programs

(1) Check those mainstream programs for which your COC systematically helps homeless persons identify, apply for and follow-up to receive benefit under:

X SSI	X SSDI	X TANF	X Medicaid	X Food Stamps
X SCHIP	X WIA	X Veterans Health Care		

(2) Which policies are currently in place in your CoC to help clients secure these mainstream benefits for which they are eligible? Check those policies implemented by a majority of your CoC's homeless assistance providers:

☒ A majority of homeless assistance providers have case managers systematically assist clients in completing applications for mainstream benefit programs.

☒ The CoC systematically analyzes its projects' APRs to assess and improve access to mainstream programs.

☒ CoC contains a specific planning committee to improve CoC-wide participation in mainstream programs.

☒ A majority of homeless assistance providers use a single application form for four or more of the above mainstream programs.

☒ The COC systematically provides outreach and intake staff specific, ongoing training on how to identify eligibility and program changes for mainstream programs.

☒ CoC has specialized staff whose only responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs.

☒ A majority of homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments.

☒ A majority of homeless assistance providers have staff systematically follow-up to ensure that mainstream benefits are received.

☐ Other (Please describe in 1-2 sentences.)

## CoC Project Performance: Housing & Services HUD Form 40076 COC-M

### A. Housing

#### 1. Permanent Housing:

- What is the number of participants who **exited** the permanent housing project(s) during the operating year (from APR Question 12(a))? **24**
- What is the number of participants who did **not leave** the project(s) during the operating year? **32**
- Of those who **exited**, how many stayed longer than **6 months** in the permanent housing (from APR Question 12(a))? **15**
- Of those who did **not leave**, how many stayed longer than **6 months** in the permanent housing? **30**
- Of the total number of participants in the permanent housing project(s) (both those who left and those who stayed), what percentage stayed longer than 6 months (both those who left and those who stayed)? **80.4%**

#### 2. Transitional Housing.

- What is the total number of participants who left transitional housing project(s) during the operating year? (Include all persons who left, including those who left to an unknown destination.) **50**
- What is the number of participants who left transitional housing project(s) and **moved to permanent housing**? **40**
- Of the number of participants who left transitional housing, what percentage moved to permanent housing? **72.7%**

### B. Supportive Services

#### Continuum of Care Participation in Mainstream Programs and Employment Chart.

1 Number of Adults Who Left (Use the same number in each cell)	2 Income Source	3 Number of Exiting Adults with Each Source of Income	4 % with Income at Exit (Col 3 ÷ Col 1 x 100)
79	a. SSI	<b>10</b>	<b>12.7%</b>
79	b. SSDI	<b>5</b>	<b>6.3%</b>
79	c. Social Security	<b>2</b>	<b>2.5%</b>
79	d. General Public Assistance	<b>2</b>	<b>2.5%</b>
79	e. TANF	<b>18</b>	<b>22.8%</b>
79	f. SCHIP	<b>1</b>	<b>1.3%</b>
79	g. Veterans Benefits	<b>0</b>	<b>0.0%</b>
79	h. Employment Income	<b>29</b>	<b>36.7%</b>
79	i. Unemployment Benefits	<b>2</b>	<b>2.5%</b>
79	j. Veterans Health Care	<b>1</b>	<b>1.3%</b>
79	k. Medicaid	<b>19</b>	<b>24.1%</b>
79	l. Food Stamps	<b>37</b>	<b>46.8%</b>
79	m. Other (family resources)	<b>3</b>	<b>3.8%</b>
79	n. No Financial Resources	<b>6</b>	<b>7.6%</b>

## Use of Other Resources Chart HUD Form 40076 COC-N

1 Other Resources	2 Use of Resource in CoC System for <u>Homeless</u> Persons (e.g., rehab of rental units, job training, etc.)	3 Specific Project Name	4 \$ Amount or number of units/beds provided within last <u>2 years</u> specifically for the <u>homeless</u>
<b>CDBG</b>	Rehab of two shelters	Share Rehab shelters-	\$77,500
	Sidewalks, sewer hookups for ten units of housing	Kauffman Townhomes	\$163,900
	Rental assistance for 100 people	Story Street	\$100,000
	HMIS	Council for the Homeless	\$10,000
<b>HOME</b>	Assist with construction of 10 units of housing	Kauffman Townhomes	627570
	Rental Subsidy for 20 families	Share Story Street	\$150,000
	Assist with construction of 24 units of housing- 10 for homeless	The Mews	\$500,000
<b>Housing Choice Vouchers</b>	none		
<b>Public Housing</b>	Transitional Housing	Hazelwood Apartments	\$5,280
<b>Mental Health Block Grant</b>	Outreach for people who have mental illness	PATH Program	\$88,280
<b>Substance Abuse Block Grant</b>	Living Stipends	Community drug and alcohol treatment programs including: Clark Council on Alcohol & Drugs Northwest Recovery Center Columbia River Mental Health Pacific Crest Consortium	\$333,000
	Adult Treatment		\$909,000
	Detoxification		\$585,000
	Pregnant & Parenting Women		\$120,000
	Youth Treatment		\$215,000
	HIV Treatment		\$91,000
	Prevention		\$205,000
<b>Social Services Block Grant</b>	Homeless youth programs	Janus Youth Programs	\$34,503
<b>Welfare-to-Work</b>	none		
<b>State-Funded Programs (2002&amp;2003)</b>	Parenting Program	Wise Moves – YW Housing	\$40,000
	Operating - THOR	YW Housing & Share	\$50,000
	Homeless Shelters - operations	Share, YWCA, Janus Youth	\$941,000
	Construction of 13 units - HTF	The Mews & Kauffman Townhomes	\$618,794
	Homeless outreach	Project Access	\$60,000
	Rental Assistance - DSHS	Story Street – YW Housing	\$3,000
<b>City/County Funded Programs</b>	Shelter reservations	Shelter Clearing House	\$142,500
	Homeless outreach	Project Access	\$40,000
	Shelter	Share	\$423,000
	Mental Health Treatment	Story Street – YW Housing	\$70,000
	Drug & Alcohol Treatment	Story Street – YW Housing	\$60,000
<b>Private</b>	Homeless support	YW Housing	\$25,000
	Homeless support	Share	\$66,099
	Medical Services	Story Street – YW Housing	\$13,000
	Motel vouchers & general operations	Council for the Homeless	\$80,000
<b>Foundations (Identify by name)</b>	SWWA Community Foundation – homeless support	YW Housing & Share & CFH	\$51,863
	SWIFT – Homeless support	Wise Moves - YW Housing & Share & Council for the Homeless	\$10,000
	Meyer Memorial Trust - Rental Assistance	Wise Moves – YW Housing	\$2,600
	Boeing Corp – homeless support	Share	\$4,180
	Child nutrition – homeless support	Share	\$32,547
	US Bank - Operations	Council for the Homeless	\$5,000
<b>TOTAL</b>			<b>\$2,738,583.00</b>

## Response to HUD Policy Priority For Removal of Regulatory Barriers To Affordable Housing HUD Form 40076 COC-O

Jurisdiction: CLARK County, Washington

<b>PART A LOCAL JURISDICTIONS, COUNTIES EXERCISING LAND USE AND BUILDING REGULATORY AUTHORITY AND OTHER APPLICANTS APPLYING FOR PROJECTS LOCATED IN SUCH JURISDICTIONS OR COUNTIES</b>		
	1	2
1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element? A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a "housing element," please enter no. <b>If no, skip to question # 4.</b>		Yes
2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low-, moderate-, and middle-income families, for at least the next five years?		Yes
3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: (a) sufficient land use and density categories (multifamily housing, duplexes, small lot homes and other similar elements); and (b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan? (For purposes of this notice, "as-of-right," as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration.) If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.		Yes
4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or is otherwise not based upon explicit health standards?		No
5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria? <b>If no, skip to question #7.</b>		Yes
6. If yes to question #5, does the statute provide criteria that set standards for the allowable type of capital investments that have a direct relationship between the fee and the development ( <i>nexus</i> ), and a method for fee calculation?		Yes
7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?	No	
8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through graduated regulatory requirements applicable as different levels of work are performed in existing buildings? Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: "Smart Codes in Your Community: A Guide to Building Rehabilitation Codes" <a href="http://www.huduser.org/publications/destech/smartcodes.html">www.huduser.org/publications/destech/smartcodes.html</a> .	No	
9. Does your jurisdiction use a recent version ( <i>i.e.</i> published within the last five years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes ( <i>i.e.</i> the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification? In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes? Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability?		Yes
10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?		Yes
11. Within the past five years, has a jurisdiction official ( <i>i.e.</i> , chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?	No	
12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, attach a brief list of these major regulatory reforms.	No	
13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies ( <i>e.g.</i> , water, sewer, street width) to significantly reduce the cost of housing?	No	

14. Does your jurisdiction give “as-of-right” density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing? (As applied to density bonuses, “as of right” means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)	No	
15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits? Alternatively, does your jurisdiction conduct concurrent not sequential, reviews for all required permits and approvals?	No	
16. Does your jurisdiction provide for expedited or “fast track” permitting and approvals for all affordable housing projects in your community?	No	
17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?	No	
18. Does your jurisdiction allow “accessory apartments” either as: (a) a special exception or conditional use in all single-family residential zones, or (b) “as of right” in a majority of residential districts otherwise zoned for single-family housing?		Yes
19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?	No	
20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?		No
<b>Total Points:</b>		10

Contact for all questions is: Peter Munroe, CDBG Program Manager, (360) 397-2075 Ext. 7801, [pete.munroe@clark.wa.gov](mailto:pete.munroe@clark.wa.gov)



Ques.	Comment:
1	Yes, Clark County 20 Year Comprehensive Growth Management Plan adopted by Ordinance 1995-12-047 includes Chapter 5 “Housing Element” ( <a href="http://www.clark.wa.gov/longrangeplan/documents/compplan/05chap05.pdf">http://www.clark.wa.gov/longrangeplan/documents/compplan/05chap05.pdf</a> )
2	County planning policy 2.71 states that there shall be no more than 75% of any single product type of housing in any jurisdiction. (eg., single-family detached residential) The plan map provides the required residentially zoned lands to accommodate the projected population in the next 20 years as well as provide the mix of single family and multifamily residential zoning to meet the 75%-25% housing mix. (Chapter 5 “Housing Element” of the 20 Year Comprehensive Growth Management Plan).
3	Yes, the plan map includes sufficient land use and density categories (multifamily housing, duplexes, small lot homes and mixed use.
4	No
5	Yes, Title 40 of the Clark County Unified Development Code, Subtitle 40.6 Development Impact Fees (40.610 – 40.630.070) ( <a href="http://www.clark.wa.gov/ord/index.htm">http://www.clark.wa.gov/ord/index.htm</a> ).
6	Yes, Title 40 of the Clark County Unified Development Code, Subtitle 40.6 Development Impact Fees (40.610 – 40.630.070) ( <a href="http://www.clark.wa.gov/ord/index.htm">http://www.clark.wa.gov/ord/index.htm</a> ).
7	No
8	No
9	Yes
10	Yes – Clark County ordinance 40.260.130 & 40.260.140 allows manufactured housing in all urban single family zones ( <a href="http://www.clark.wa.gov/ord/index.htm">http://www.clark.wa.gov/ord/index.htm</a> )
11	No
12	No
13	No
14	No, although Policy 2.2.3 states that Clark County shall create a voluntary inclusionary zoning program with bonus incentive strategies.

## Supplemental Resources Project Leveraging Chart HUD Form 40076 COC-P

### Continuum of Care: Project Leveraging

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	*Value of Written Commitment
1	Aurora Place Apartments	Education & Training	Clark College	\$10,000
		Health promotion; disease prevention	Clark County Health Dept.	16,000
		Project development	HOME/2060	780,000
		Grant	Impact Capital	65,668
		Mental health assessment & support	Columbia River Mental Health	27,500
		Advocacy & support for domestic violence & sexual assault victims	YWCA of Clark County	28,085
		Mental Health Assessment & support; Chemical dependency assessment & support	Mental Health Northwest/ Northwest Recovery Center	23,500
2	Share Outreach (formerly Project Access)	Value of meals provided	Share	127,000
		Reintegration van – outreach assessments, access to mainstream resources	Department of Veterans Affairs	6,700
		Community voice mail boxes	Council for the Homeless	2,500
3	CHANGE (Council for the Homeless)	Donated Office Space	Open House Ministries	3,000
		Volunteers, staff, GIS mapping	Council for the Homeless	65,000
4	CHANGE Expansion	Staff support, computer equipment	HMIS provider agencies	40,000
		Staff support, volunteers	Council for the Homeless	10,000
		Donated office space	Open House Ministries	3,000
5	Way Home (Mental Health NW)	Mental health services, staff support, volunteers	Mental Health NW	31,200
		Chemical dependency treatment & other services	Northwest Recovery Center	32,000
		Training & support group	Consumer Voices are Born	42,706
		Emergency room service	SW WA Medical Center	10,800
6	New Dreams (Columbia River Mental health)	Mental health services	Columbia River Mental Health	218,400
		ER visits/services	CRMG County Crisis Team	9,000
7	Operation Home Stretch (VHA)	Education & Training	Clark College	13,500
		Health Promotion, disease prevention	Clark Co. Health District	5,000
		Mental Health Assessment & support	Columbia River Mental health	55,000
		Chemical dependency assessment & support	Community Drug & Alcohol Center	718
		Vocational skills training, on the job training, job placement	Partners in Careers	5,000

		Advocacy & Support for victims of domestic violence	YWCA of Clark County	5,450
		Mental Health Assessment & support	Mental Health Northwest	16,640
		Direct treatment interventions with therapists	Children's Center	4,500
		Case manager & Program Coordinator; office space	Vancouver Housing Authority	15,400
		LIHEAP energy assistance	Clark County	11,500
		TANF Grant	Dept. of Social & Health Services	42,588
8	Orchard Glen (VHA)	Grant – value of rent reduction	State of Washington HFU	16,638
		Tax credits – value of rent reduction	Vancouver Housing Authority	45,536
		Bond allocation – value of rent reduction	Vancouver Housing Authority	11,384
9	Wise Moves (YWCA)	Education & Training	Clark College	10,000
		Health promotion; disease prevention	Clark County Health Dept.	135,000
		Mental health assessment & support	Columbia River Mental health	115,000
		Advocacy & support for domestic violence & sexual assault victims	YWCA of Clark County	10,900
		Mental Health Assessment & support; Chemical dependency assessment & support	Mental Health Northwest/ Northwest Recovery Center	47,000
		Chemical dependency assessment & support	Community Drug & Alcohol Center	1,797
		Vocational skills training; on the job training; job placement; employment prep	Partners in Careers	37,500
		Direct treatment intervention w/ therapists	Children's Center	9,000
11	Story Street (YWCA)		YWCA	20,085
			Clark College	20,000
			PIC	18,750
			Clark County Health	5,000
<b>TOTAL</b>				<b>\$2,230,945</b>